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Tiberi
Udall (CO)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There is less than two minutes remaining on this vote.

□ 1211

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 1983

Mrs. EMERSON. Mr. Speaker, I ask unanimous consent to remove my name as a cosponsor of H.R. 1983.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Missouri?

There was no objection.

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 1108

Mr. PITTS. Mr. Speaker, I ask unanimous consent that my name be withdrawn as a cosponsor of H.R. 1108.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Pennsylvania?

There was no objection.

GENERAL LEAVE

Mr. BERMAN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on H.R. 5501.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

TOM LANTOS AND HENRY J. HYDE UNITED STATES GLOBAL LEADERSHIP AGAINST HIV/AIDS, TUBERCULOSIS, AND MALARIA REAUTHORIZATION ACT OF 2008

The SPEAKER pro tempore. Pursuant to House Resolution 1065 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the State of the Union for the consideration of the bill, H.R. 5501.

□ 1215

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the State of the Union for the consideration of the bill (H.R. 5501). To authorize appropriations for fiscal years 2009 through 2013 to provide assistance to foreign countries to combat HIV/AIDS, tuberculosis, and malaria, and for other purposes, with Ms. NORTON in the chair.

The Clerk read the title of the bill.

The CHAIRMAN. Pursuant to the rule, the bill is considered read the first time.

The gentleman from California (Mr. BERMAN) and the gentlewoman from Florida (Ms. ROS-LEHTINEN) each will control 1 hour.

The Chair recognizes the gentleman from California.

Mr. BERMAN. Madam Chairman, I yield myself such time as I may consume.

Madam Chairman, on the President's request 5 years ago, Congress launched a global campaign to stop the spread of HIV/AIDS and to treat and care for those who are already afflicted. The United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act was a bipartisan bill from its inception. Today, the Foreign Affairs Committee again brings a bipartisan global HIV/AIDS bill to the floor, and again this important reauthorization bill enjoys strong support from the White House.

The negotiations that brought forth this compromise bill were conducted in the same bipartisan spirit that guided the 2003 act into law, a spirit made possible by close cooperation between two former chairmen of the Foreign Affairs Committee, our late colleagues Tom Lantos and Henry Hyde, and I am pleased to note that this important reauthorization bill is named for these two foreign policy titans in recognition of their contributions to battling HIV/AIDS overseas.

As a direct result of the extraordinarily successful law we passed 5 years ago, the United States has provided lifesaving drugs to nearly 1.5 million men, women and children; supported care for nearly 7 million people, including 2.7 million orphans and vulnerable children; and prevented an estimated 150,000 infant infections around the world.

The 2003 legislation firmly established the United States as the leading provider in the world of HIV/AIDS assistance for prevention, treatment and care. It has reminded the global community that Americans are a compassionate and generous people, and so has helped to repair our Nation's badly-damaged image overseas. In many ways, that legislation has had great healing power.

Most importantly, with this initiative we have ensured that HIV/AIDS is no longer the certain death sentence it was just 5 short years ago. Hospital corridors that were jammed with AIDS patients waiting to die now brim with hope as lifesaving drugs are dispensed.

The reauthorization bill before the House today reaffirms our commitment to the programs and policies established 5 years ago. The 2003 legislation

worked well as an emergency intervention, but it must now be modified to reflect the constantly changing nature of the HIV/AIDS crisis. We also have 5 years of experience under our belts and we know what works and what does not.

The law we passed in 2003 was designed to deal with the emergency phase of the global HIV/AIDS crisis. The Lantos-Hyde bill will move our programs towards long-term sustainability that will keep the benefits of U.S. global HIV/AIDS programs flowing to those in need. With this reauthorization act, host governments will also gain the ability to plan, direct and manage prevention treatment and care programs that have been established with U.S. assistance.

The 2003 legislation authorized $15 billion over 5 years. In response to the desperate need for lifesaving medicine and a greater number of trained health care workers in nations hard hit by HIV/AIDS, the bill before us authorizes $50 billion over 5 years for these three pandemics.

The 2003 law relied upon the health care workforce already in place in the developing world, yet in many of the hardest hit areas of the world there are simply not enough doctors and other health care workers to meet the challenges of this pandemic. The Lantos-Hyde legislation invests new funds in training new professionals and paraprofessionals, as well as building existing capacity.

The 2003 law focused on creating new programs to tackle the HIV/AIDS crisis. The reauthorization bill increases the number of individuals receiving prevention, treatment and care services. It also builds stronger linkages between the global HIV/AIDS initiative and existing programs designed to alleviate hunger, improve health care, and bolster HIV education in schools, an approach endorsed by the President's Global AIDS Coordinator just a few short weeks ago.

The 2003 law gave inadequate attention to the needs of women and girls. The new legislation remedies this situation by strengthening prevention and treatment programs aimed at this especially vulnerable population.

The reauthorization legislation also eliminates the one-third abstinence-only earmark, but requires a balanced approach to HIV/AIDS sexual transmission prevention programs and a report regarding this approach in countries where the epidemic has become generalized.

The bill before you today is a compromise in the best sense of the word, and it is in the true spirit of the great leaders of this committee who guided the 2003 act into law, Chairmen Lantos and Hyde. This bill is the result of more than a year of preparatory work and weeks of discussions, concluding with a bipartisan agreement with the White House. President Bush has indicated his support and his intention to sign it into law as soon as Congress acts.

For all its strengths, the bill before the House today is not perfect. No compromise ever is. No one got everything they wanted in this compromise legislation. But with this agreement, we have maintained the strong, bipartisan coalition behind the global HIV/AIDS initiative which has been critical to winning rapidly increasing funding levels for this important initiative.

Madam Chairman, 20 million innocent men, women and children have perished from HIV/AIDS, and 40 million around the globe are HIV positive. Each and every day another 6,000 people become infected with HIV. We have a moral imperative to act, and to act decisively.

I will speak more lengthily about the subject, but I do want to initially extend my particular appreciation to our ranking member, ILEANA ROS-LEHTINEN, who played a critical role in working with the majority to reach this compromise. A number of Members on her side from the committee were active. DON PAYNE, the gentleman from New Jersey, the chairman of the Africa Subcommittee, was critically involved, as was Congresswoman BARBARA LEE from California, who played such a key role in the 2003 law, as well as a number of other people, such as Congressman CARNAHAN. I can't mention everyone who was involved, but this was truly a collaborative effort that started long before I became Chair of the committee, with great work by Chairman Lantos last year and with the staff of the committee.

Madam Chairman, I reserve the balance of my time.

Ms. ROS-LEHTINEN. Madam Chairman, I yield myself such time as I may consume.

Madam Chairman, I thank my good friend, the new chairman of our Foreign Affairs Committee, HOWARD BERMAN. He has got a tough act to follow, because we all loved Tom Lantos. The gentleman from California (Mr. BERMAN) had a hard act to follow, but, boy, did he fill those big shoes very well. So, thank you, Mr. Chairman. This has been your first trial by fire, and you came out looking so well because you accommodated the concerns and the anxieties and the worries that so many of our Members had.

I want to thank on a bipartisan level all of the members of the Foreign Affairs Committee, from the most conservative to the most liberal. We were able to forge a compromise that reached a broad consensus on this vital and complex legislation. We couldn't have done it without the leadership of Chairman BERMAN, but also without his very able staff and the staff on our Republican side of the aisle as well.

The foundation of this bill, as Chairman BERMAN has pointed out, is the 2003 Leadership Act, which was the first comprehensive U.S. emergency response to the HIV/AIDS pandemic and which stands as a noble legacy of our two former chairmen, Henry Hyde and Tom Lantos. They understood, as do all of us, that millions of lives around the world depend on our country's willingness to battle this pandemic together. It does honor to our country that 5 years ago we undertook this true mission of mercy. We are fortunate to have the opportunity to reaffirm that commitment by our vote here today.

Since the passage of the original Leadership Act of 2003, extensive emergency treatment and prevention programs have begun to slow the advance of HIV/AIDS, tuberculosis and malaria. The success of these programs is well documented. I would like to cite some specifics.

According to the office of the Global AIDS Coordinator, more than 1.4 million people infected with the HIV virus are now being treated with the necessary drugs to fight this disease. PEPFAR has supported HIV testing and counseling for 30 million people, cared for million 6.7 million, and, as the chairman pointed out, including almost 3 million orphans and vulnerable children. We are on our way to achieving the 5-year goal of preventing the infection of 7 million people. PEPFAR has supplied medicines for approximately 800,000 expectant mothers, preventing an estimated 157,000 infant HIV infections. What a successful program.

The legislation before us keeps faith with the core principles of the Hyde-Lantos Act. We have modified the original blueprint by adding or adjusting a number of provisions based on 5 years of real-world experience regarding what works and what doesn't.

In addition to medicines and sophisticated methods of treatment, the 2003 act mandated that a more comprehensive approach be used that took into account local values and indigenous cultures, and the act before us does that.

With respect to this balanced approach, the wife of the President of Zambia said it best recently when she said, ''There are several ways in which we can reach the young people. One of the effective ways is abstinence. It brings back dignity and self-responsibility to young people, because they know their bodies are not supposed to be abused and they learn to say no.''

The compromise bill before us removes the specific directive in current law so that implementation, as the chairman has pointed out, can be better refined to reflect the varying circumstances in host countries. Nevertheless, the bill before us continues this comprehensive approach by requiring that the AIDS Coordinator provides a balanced approach for prevention activities for sexual transmission of HIV/AIDS and to ensure that abstinence and faithfulness programs are implemented and funded in a meaningful and equitable way.

The agreement that we have is carefully crafted and designed in the area of reproductive health and family planning to ensure that HIV funding for prevention is not misused to promote programs beyond the scope of this bill.

We can do that, if you wish, in other bills. But the bill ensures also that those working to fight these diseases are not required to choose between their conscience and receiving the assistance they need to carry out their work.

Also we worked a lot on the prostitution and the sex trafficking pledge. The bipartisan agreement maintains the existing certification requirement that any group or organization receiving PEPFAR funds explicitly oppose prostitution and sex trafficking. The U.S. Agency for International Development has implemented this prohibition by requiring that any group that receives funding sign a pledge affirming its opposition to these practices.

Let me be clear: Neither current law nor the pledge itself prevents organizations from working with prostitutes or other high risk groups, but it does mandate that that assistance to these individuals not be mistaken for approval or support of the activities that take their terrible toll on their bodies and that can only be described as destructive to human dignity.

We had issues with accountability and national security, and although this bill is absolutely motivated by the altruism of the American people, I believe that this legislation ensures that our interests are protected as well.

□ 1230

For example, U.S. contributions to the Global Fund will be subject to more stringent oversight than is currently provided by calling for the Fund to meet even higher benchmarks of transparency and accountability.

The legislation also includes a prohibition on taxation of our assistance by foreign governments to ensure that assistance intended to the afflicted not be siphoned off by unaccountable bureaucrats.

The bill also strengthens our national security. The HIV pandemic is first and foremost a health issue, but it also is one of the most significant global, economic, and security threats of our generation. General Charles Wald, the Former Deputy Commander of the US-European Command, has called HIV/AIDS the third greatest threat to our national security.

Together, HIV/AIDS, tuberculosis, and malaria kill millions of people during their most productive years, between the ages of 16 and 50. And in the hardest hit countries, the AIDS epidemic alone is killing a generation of parents, of teachers, of health care workers, bread winners, peacekeepers, shattering the economic and the social life of villages, communities, and, indeed, nations.

Losses on this scale have staggered the economies of the hardest hit countries. Without further prevention, without further treatment, without further care efforts, the AIDS pandemic will continue to spread its mix of death, poverty, and despondency that is further destabilizing governments and societies and undermining the security of entire regions.

Our former House colleague from Wisconsin, Mark Green, who now serves as the United States Ambassador to Tanzania, wrote to me following the committee's passage of this bill highlighting this security aspect. He said, ''In tearing apart the social fabric and leaving a generation of orphans, the scourge of HIV/AIDS could spread and create a long-term breeding ground of radicalism.''

PEPFAR programs in turn help to counter these precursor conditions. As General Wald has said, ''In addition to the obvious humanitarian efforts of PEPFAR, the program is one of our Nation's development activities that can help strengthen the social structure that keep communities and nations secure.''

The threat is not just in faraway lands, but in our own back yard. Many countries in the Caribbean have been particularly hard hit. This bill places a new emphasis on assistance to this region. It adds 14 Caribbean countries to the existing list of nations in which the Global AIDS Coordinator is given explicit statutory authority over HIV/AIDS programs.

Let me add that, although all of us share the goal of reducing the further spread of this pandemic, this is also a personal issue for me both professionally and morally. South Florida, which falls within my congressional district, ranks first in the State of Florida in the number of AIDS cases. Roughly 19 percent of the State total for those living with HIV reside in my district. So, I am all too familiar with the human cost of this disease, and hope for the day when its ravages are safely confined to the past.

Although not all Members will fully agree with every aspect of this complex compromise, it does contain the bipartisan approach that we have maintained throughout the years of work on HIV/AIDS in our committee. We have an opportunity, indeed, a responsibility, to continue the lifesaving work that began 5 years ago. This legislation is a means by which that can happen.

But the dry text of the legislation, nor the posters behind me, cannot adequately capture the human drama for which we are trying to write the exit strategy.

The poster behind me shows where PEPFAR has worldwide activities, the number of countries where it has positively had an impact. The second poster shows the number of adults and children estimated to be living with HIV just this last year. And, the third poster shows some of the faces of the children whom this legislation has saved.

Let me read, to conclude, from a Washington Post op ed authored by our chairman, Henry Hyde, 5 years ago. Mr. Hyde wrote,

''Not since the bubonic plague swept across the world in the last millennium has our world confronted such a horrible curse as we are now witnessing with the growing HIV/AIDS pandemic.

''This pandemic is more than a humanitarian crisis.

''To those who suggest that the United States has no stake in this pandemic, let me observe that the specter of failed states across the world is certainly our concern.

''The AIDS virus is a mortal challenge to our civilization.

''It is my hope that each of us will be animated by the compassion, and, yes, the vision, that has always defined what it means to be an American.''

Madam Chairman, endless numbers of children have already been orphaned and deprived of the protection and the love of their parents. We cannot make their world whole again, but there is much that we can do to comfort and care for them and to prevent others from suffering the same fate.

I ask my colleagues to join us in supporting this bill in a strong bipartisan manner, and thereby allow our country to continue our mission, our mission of mercy, for the waiting millions.

And with that, Madam Chairman, I reserve the balance of my time.

Mr. BERMAN. Madam Chairman, I thank the gentlelady for her wonderful statement, and I yield 3½ minutes to the gentleman from Massachusetts (Mr. MCGOVERN).

Mr. MCGOVERN. I thank the chairman, and I ask for time for the purpose of the gentlelady from Missouri and I entering into a colloquy with the chairman on the importance of integrating food and nutrition programs with the prevention, care, and treatment of HIV/AIDS-affected individuals, families, and communities.

Last year, I traveled to Africa and had the opportunity to see firsthand many of our programs related to food security. In Ethiopia and Kenya, I visited HIV/AIDS programs to look at how food and nutrition was included. At that time, I heard from local communities, NGO partners, and our embassy staff how restrictive guidance for global HIV/AIDS assistance often hindered their ability to design and carry out effective food and nutrition programs targeted at HIV/AIDS affected individuals, families, and communities. The lack of resources available for food and nutrition programs within the global HIV/AIDS assistance and from other sources also posed a significant barrier.

I very much appreciate and support the work of the committee in ensuring that this bill addresses these concerns throughout, and especially in the section entitled ''Food Security and Nutrition Support.'' The bill recognizes that strengthening the linkages and enhancing coordination among HIV/AIDS programs and vital development programs, like food and nutrition programs, will significantly increase our effectiveness in the fight against HIV/AIDS while we advance other essential U.S. development priorities. I remain concerned, however, that the bill is less clear on where or how such funding will be provided for these purposes. It is not clear on how much funding will

come from the Global HIV/AIDS program versus other sources of funding. I am concerned that, without adequate resources through the Global HIV/AIDS program, or necessary increases for current food and nutrition services through programs like Food for Peace, that USAID will be faced with the possibility of having to divert funding from programs that address long-term chronic hunger and food insecurity to meet the enhanced mandates of H.R. 5501.

I know the chairman will agree that we want to avoid this scenario of robbing Peter to pay Paul so that we do not end up shortchanging other communities suffering from hunger, malnutrition, and food insecurity.

I want to yield to the gentlelady from Missouri in this regard.

Mrs. EMERSON. I thank the gentleman from Massachusetts.

Madam Chairman, I am also concerned that the situation will become even worse, because the cost of food, commodities, and transportation is skyrocketing. Just last month, on February 12, the USAID's Office of Food for Peace announced that the cost of wheat and other food the United States donates to poor countries jumped 41 percent, 41 percent, in the first half of fiscal year 2008. According to USAID, this means $120 million in food assistance will not be available for people who are malnourished or food insecure.

I would ask the chairman to work on strengthening the language in the bill as it moves through the legislative process and into conference negotiations to clarify how the necessary level of funding for food security and nutrition will be provided, especially in light of rising food and transportation costs, so that funds won't be diverted from U.S. programs addressing chronic hunger and emergency operations.

I yield back to the gentleman from Massachusetts.

Mr. MCGOVERN. And I yield back to the chairman to express his views.

The CHAIRMAN. The gentleman's time has expired.

Mr. BERMAN. Madam Chairman, before I respond with my views, I would like to yield 1 minute to the gentleman from New Jersey (Mr. PAYNE) to express his views on the subject of this colloquy.

Mr. PAYNE. Mr. Chairman, as you know, the provision on food and nutrition security in the bill currently under consideration is drawn directly from a bill I introduced in December, H.R. 4914, the Global HIV/AIDS Food Security and Nutrition Support Act of 2007. I introduced the bill after chairing a hearing in the Subcommittee on Africa and Global Health to determine whether the Global HIV/AIDS program was adequately addressing the nutritional needs of its beneficiaries.

The hearing corroborated what I had already heard in the field on numerous visits to Africa over the past 5 years: PEPFAR is falling short in this critical area. I share the concerns of the gentleman from Massachusetts and the gentlelady from Missouri about the increasing cost of food aid. Just last week, the World Food Program had to issue an appeal for an additional $500 million to offset the increased costs of food and fuel.

The CHAIRMAN. The gentleman's time has expired.

Mr. BERMAN. I yield the gentleman an additional 30 seconds.

Mr. PAYNE. Without the extra $73 million, people who rely on WFP for their daily sustenance may have their rations cut. This is a truly alarming situation, and it is not my intent for the provision of this bill to exacerbate it. The language under consideration very clearly states that these activities are to be funded from amounts authorized under section 401 of this bill. I used this language deliberately, as I strongly believe that the food assistance and nutritional support we are providing under the Global AIDS program must be on top of the food aid we are already providing.

Mr. BERMAN. Madam Chairman, I yield myself 1½ minutes to respond to the concerns raised during this colloquy. I thank my colleagues for raising these important concerns.

H.R. 5501 provides clear and specific instructions to the USAID Administrator and the Global AIDS Coordinator to address the food and nutrition needs of individuals with HIV/AIDS and other affected individuals, including orphans and vulnerable children; and to fully integrate food and nutrition support in HIV/AIDS prevention, treatment, and care programs carried out under this act.

I would like to emphasize that the committee and I personally share our colleagues' concerns about the negative effect rising costs are having on our long-term and emergency food aid programs. This is a matter that has our most serious attention, because it affects a wide array of our food aid and development programs, including the effectiveness and success of this program.

I want to reassure my colleagues that I will be working over the coming weeks to strengthen and clarify in the bill that food security and nutrition programs, especially those referred to as wrap-around services, are not to be funded with monies diverted from other standing commitments to address food and security elsewhere in the world or in these countries.

I yield 30 seconds' additional time to the gentleman from Massachusetts.

Mr. MCGOVERN. I want to thank the chairman for that assurance. I know that many Members of Congress on both sides of the aisle stand ready to support him in these efforts.

Ms. ROS-LEHTINEN. Madam Chairman, I yield 3 minutes to the gentleman from California (Mr. ROYCE) who is the ranking member of the Subcommittee on Terrorism, Nonproliferation, and Trade.

Mr. ROYCE. Many have described the crisis: HIV/AIDS, tuberculosis, malaria. These take countless lives every day, especially on the continent of Africa. These diseases devastate families, they devastate communities, and nations. This bill is titled the ''Leadership Act,'' and it is titled that way because it honors two former Foreign Affairs Committee chairmen who indeed did show leadership in forging this legislation 5 years ago. And, with this act, the United States will continue to lead in tackling these killer diseases.

As others have said, this legislation did not come together easily; and the reason it is difficult is because many people have strong views on how best to fight these diseases. This bill is a compromise. It would have been far easier to hold onto positions, probably, but that would have gotten no bill. But, instead, those working on it did the hard work to craft a policy that most everyone could support.

□ 1245

Frankly, had it not been done, it would have been a sharp rebuke to the work Chairman Hyde and Mr. Lantos did 5 years ago. Tens of millions of people around the world would have lost, and America would have lost. That we are in this position now, to continue these two men's legacy, is due to the dedication of Chairman BERMAN and Ranking Member ROS-LEHTINEN. I particularly appreciate their inclusion of a provision I had recommended prohibiting foreign countries, foreign governments, from taxing our aid, and I thank them for that provision.

While endorsing the policy, the bill's authorization level is a great concern, as others have expressed. I have conferred with enough people working in the field and been in enough African countries to doubt the ability to productively absorb this very large funding level, which is well over the administration's request.

And while these are devastating diseases, these countries face many other public challenges, some deadly, which may be shortchanged. Our country has many public health needs, too. That leads me to believe that this would be a better bill if it conformed more closely with the level the administration, which has gotten real results, thinks it could best spend.

I believe this bill's authorization level will be addressed in our recommittal motion which will be offered for a vote before this House.

So again, I thank Chairman BERMAN and Ranking Member ROS-LEHTINEN.

Mr. BERMAN. Madam Chairman, I am pleased to yield 5 minutes to the gentleman from New Jersey (Mr. PAYNE), the chairman of the Foreign Affairs Subcommittee on Africa and Global Health, and a key architect of this legislation.

Mr. PAYNE. Madam Chairman, let me begin by commending Chairman BERMAN of the committee for bringing forth this tremendous, important legislation, and for the support in this bipartisan effort from Ranking Member

ROS-LEHTINEN, and for her support of this very important legislation.

I rise in strong support of the legislation currently under consideration. I am very pleased to be an original cosponsor of H.R. 5501, the Tom Lantos and Henry Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008.

This bill is appropriately named because it was under the leadership of the late Henry Hyde, then chairman of the Foreign Affairs Committee, that the PEPFAR legislation was originally authorized. And under the leadership of the late Tom Lantos, reauthorization began. Both of these tireless giants who have left us should be remembered by this legislation. I might also note that under the leadership of the original authorization, Congresswoman BARBARA LEE and the Congressional Black Caucus were very strong advocates to push the leadership of the House and the President to consider this very important legislation.

In the 5 years, there has certainly been a pandemic that the world is facing, and there has not been a pandemic similar to this since the plague during medieval days in Europe. So I am pleased that we are finally dealing with this pandemic in the way that it should be.

In the 5 years since Congress passed the original legislation authorizing the President's Emergency Plan for AIDS Relief, or PEPFAR, as it is well known, it has become an historic program. In my opinion, this will be remembered as the single most significant achievement of President Bush's two terms in office.

And from my recent conversations with the President, I know that he has worked very hard on this reauthorization, and it is with the support of the White House and the staff, they helped us craft this bipartisan legislation.

Prior to PEPFAR, the United States did very little in supporting AIDS treatment programs abroad. In fact, Members may recall a high-ranking USAID official said that treatment was not feasible in Africa, the most heavily AIDS-infected region of the world, because Africans cannot tell time and therefore would not be able to take the required medication properly. As we know, it was foolish to say that at the time; and as we have seen the results, it has proven once again to have been a foolish statement.

These officials advocated limiting our activities only to education and prevention, a position that would have in effect sentenced millions of HIV-infected men, women and children to die if it were only that program. And so I am very pleased we expanded it to where it is today.

Fortunately, the Congress and the President did not agree with that position. And because we were willing to find a way to provide treatment for over 800,000 people, today they are receiving antiretroviral medication to prevent AIDS in the 15 focus countries, 12 of which are in sub-Saharan Africa.

We are also pleased that we are increasing the number of countries to the 14 Caribbean countries. And as cochair of the bipartisan Caribbean Caucus, and under the leadership of Representative DONNA CHRISTENSEN, at a meeting she convened in her district, we had health ministers admit that the Caribbean also needed substantial help.

Our progress, while significant, is not enough. Only 28 percent of Africans needing antiretrovirals are receiving them. Shockingly, over 85 percent of African children who need ARVs are going without them. A mere 11 percent of HIV-positive women who need drugs to prevent mother-to-child transmission of HIV during child birth are getting them.

The CHAIRMAN. The gentleman's time has expired.

Mr. BERMAN. I yield the gentleman an additional minute.

Mr. PAYNE. In light of these troubling facts, we have taken steps in this legislation to transform PEPFAR from an emergency response to a sustainable program by expanding the program beyond a series of medical interventions. For example, the committee incorporated the provision that I discussed earlier about food security into the legislation in order to address the nutritional needs of HIV patients, their families, and communities heavily affected by the disease.

Lack of food and nutrition support has been, up to now, a major impediment to the adherence of HIV/AIDS treatment regimens.

H.R. 5501 also contains provisions to build and strengthen health systems in developing countries. The committee has given the Office of Global AIDS Coordinator the flexibility to do prevention, care and treatment programs tailored to the characteristics of the epidemic in the country in which they are operating by eliminating cumbersome earmarks that the GAO said were ineffective.

Finally, the bill authorizes significant funds, $50 billion over the next 5 years, in order to accomplish the goals of the bill. I urge the House to pass this legislation.

Ms. ROS-LEHTINEN. Madam Chairman, I am proud to yield 7 minutes to the gentleman from New Jersey (Mr. SMITH), the ranking member of the Subcommittee on Africa and Global Health, who has worked so long and so hard on this topic.

Mr. SMITH of New Jersey. Madam Chairman, I rise in strong support of the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008, an admittedly long, but appropriate title for a bill that is long on substance, meaningful intervention, tangible compassion, and relief.

Aptly named for two of the giants of this institution who helped shepherd President George W. Bush's PEPFAR initiative through the Congress in 2003, H.R. 5501 will literally mean the difference between life and death to millions, especially in sub-Saharan Africa.

The bill before us today is consensus legislation, a delicate balance that if kept intact, and only if kept intact, will be signed into law. So I want to thank Chairman BERMAN and Ranking Member ROS-LEHTINEN and other Members and staff for helping to forge today's PEPFAR consensus. I want to especially thank Sheri Rickert, Mary Noonan, Autumn Fredericks, Yleem Poblete, Peter Yeo, Pearl Alice Marsh, Dr. Bob King, Kristin Wells, and David Abramowitz for their extraordinary work in drafting this legislation.

Madam Chairman, as Members know, close to 70 percent of the estimated 33 million people with HIV live in sub-Saharan Africa. Of the 2.5 million children afflicted with this dreaded disease, 90 percent live in Africa as well.

When combined with opportunistic infections like tuberculosis—the number one killer of individuals with HIV—and malaria alone kills one million each year, again mostly in Africa—the HIV/AIDS pandemic compares among humanity's worst. Former Chairman Hyde frequently compared the sickness to the bubonic plague—the black death—an epidemic that claimed the lives of over 25 million people in Europe during the mid-1300s.

I know some Members are likely to wince at the cost of the bill—$50 billion over 5 years for PEPFAR, the Global Fund, Tuberculosis, and Malaria—but that sum of money will be used to prevent 12 million new HIV infections worldwide, and support treatment for 3 million people, including an estimated 450,000 children. That sum of money will provide care to 12 million individuals with HIV/AIDS, including 5 million orphans and vulnerable children, and will help train and deploy at least 140,000 new health care professionals and workers for HIV/AIDS prevention, treatment and care.

On the prevention side, the legislation requires that the Global AIDS Coordinator provide balanced funding for sexual transmission prevention including abstinence, delay of sexual debut, monogamy, fidelity, and partner reduction. If less than 50 percent of the sexual transmission prevention moneys are spent on the Abstinence and the Be Faithful parts of the ABC model, the coordinator must provide a written justification. I note that currently, the coordinator exercises waiver authority in this regard without notifying Congress so this language ensures greater transparency and accountability.

Five years, Madam Chairman, after PEPFAR first began, the efficacy and importance of promoting abstinence and be faithful initiatives have been demonstrated beyond any reasonable doubt, and the evidence is compelling.

According to joint comments by the U.S. Department of State, USAID, and

HHS on PEPFAR, ''Congressional directives have helped focus U.S. Government prevention strategies to be evidence based. Because of the data, ABC is now recognized as the most effective strategy to prevent HIV in generalized epidemics.

□ 1300

The original legislation's emphasis on AB activities has been an important factor in the fundamental and needed shift in U.S. government prevention strategies from a primarily ''C'' approach prior to PEPFAR to a balanced ABC strategy. The Emergency Plan developed a more holistic and equitable strategy, one that reflects the growing body of data that validates ABC behavioral change.

The U.S. government report goes on to say that recent data from Zimbabwe and Kenya mirrors the earlier successes of Uganda's ABC approach to preventing HIV. These three countries, with what is known as ''generalized epidemics,'' have demonstrated reductions in HIV prevalence. And in each country, the data point to significant AB, abstinence, be faithful; behavioral change; and modest, but important, changes to C.

So, I want to thank Mr. PITTS for writing the original AB earmark into the original law because it has instructed and has had a tremendously positive impact.

I would note to my colleagues that this past September the Foreign Affairs Committee heard from a world renowned expert, Dr. Norman Hearst, who said that 5 years ago he had been commissioned by U.N. AIDS to conduct a technical review of how well condoms had worked for AIDS prevention in the developing world. And he said, and I quote in part, ''my associates and I collected mountains of data, and here is what we found: When we looked for evidence of public health impact for condoms in generalized epidemics, to our surprise we couldn't find anything. No generalized HIV epidemic has ever been rolled back by a prevention strategy primarily based on condoms. Instead, a few successes in turning around generalized epidemics, such as Uganda, were achieved not through condoms, but by getting people to change their sexual behavior.''

He goes on to say that these are not just our conclusions. A recent consensus statement in the Lancet was endorsed by 150 AIDS experts, including Nobel Laureates, the President of Uganda, and officials of the most prominent international AIDS organizations. And it said, ''the priority for adults should be, B, limiting one's partners. The priority for young people should be A, not starting sexual activity too soon.'' And this contrasted with other funders that often officially endorse ABC, but in practice continue to put their money in the same old strategies that have been unsuccessful in Africa for the past 15 years.

A Washington Post article by Craig Timberg noted that ''men and women in Botswana continued to contract HIV faster than almost anyone else on Earth. Researchers increasingly attribute the resilience of HIV in Botswana, and in southern Africa generally, to the high incidence of multiple sexual relationships.''

''Researchers increasingly agree,'' and please, I ask my colleagues to take note of this, ''that curbing behavior is key to slowing the spread of AIDS in Africa.'' In a July report, southern African AIDS experts said that reducing multiple and concurrent partnerships was their first priority for stopping the spread.

The CHAIRMAN. The time of the gentleman has expired.

Ms. ROS-LEHTINEN. Madam Chair, I yield 3 additional minutes to the gentleman.

Mr. SMITH of New Jersey. Thank you.

Madam Chairman, the legislation before us also leaves intact the anti-prostitution/sex tracking pledge, a policy designed to ensure that pimps and brothel owners don't become, via an NGO that supports such exploitation, U.S. government partners.

Last February, the U.S. Government Court of Appeals for the District of Columbia upheld the prostitution pledge and said, in pertinent part, ''In this case, the government's objective is to eradicate HIV/AIDS. One of the means of accomplishing this objective is for the U.S. to speak out against legalizing prostitution in other countries.''

The Court of Appeals goes on to say, ''it would make little sense for the government to provide billions of dollars to encourage the reduction of HIV/AIDS behavioral risks, including prostitution and sex trafficking, and yet to engage as partners in this effort organizations that are neutral towards or even actively promote the same practices sought to be eradicated.''

Finally, we've come a long way, Madam Chairman, since 2003, when significant opposition materialized against an amendment that I had offered to ensure that faith-based providers, and others, are not excluded from participation. Worldwide, but especially in Africa, faith-based organizations are absolutely critical in the fight against AIDS. So, we welcome and are deeply grateful for their support and their work.

The conscience clause in H.R. 5501 restates, improves, and expands conscience protection in a way that ensures that organizations like the Catholic Relief Services, with its 250 plus projects in 52 countries, which has had a remarkable record on HIV/AIDS prevention, treatment and care, are not discriminated against or in any way precluded from receiving public funds.

Madam Chairman, this bill is carefully crafted, and again, I want to thank my colleagues on both sides of the aisle for the enormous amount of work that has been poured into its creation.

Mr. BERMAN. Madam Chairman, I am very pleased to yield 3 minutes to the chairman of the Foreign Affairs Subcommittee on the Western Hemisphere. And remember, this is a bill about HIV/AIDS, malaria, and tuberculosis. He played a major role in the tuberculosis section of the bill, the gentleman from New York (Mr. ENGEL).

Mr. ENGEL. I thank our distinguished chairman for yielding to me.

Madam Chairman, I'm proud to be an original cosponsor of H.R. 5501, the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis and Malaria Reauthorization Act of 2008, named after our dearly departed two great House Foreign Affairs Committee chairmen that I had the pleasure of serving under, Tom Lantos and Henry Hyde.

The HIV/AIDS pandemic continues to pose a major threat to the health of the global community, from the most severely affected regions of sub-Saharan Africa and the Caribbean, as the chairman mentioned, I'm the chairman of the Subcommittee of the Western Hemisphere, to the emerging epidemics of eastern Europe, central Asia, south and southeast Asia, and Latin America.

I also want to take this time to pay tribute to our colleague who is in the Chamber, the gentlewoman from California (Ms. LEE), who has worked so hard in combating global AIDS, probably harder than anyone else in the Congress. I'm delighted that she's here, and her hard work has not gone unnoticed.

While most widely recognized for reviewing our commitment to global AIDS relief, H.R. 5501 reauthorizes provisions on HIV/AIDS, malaria and tuberculosis, all deadly diseases of poverty. The Lantos-Hyde Act is a decisive step forward for global health, particularly for our efforts to control tuberculosis.

I want to take a moment to specifically address the tuberculosis provisions included, as the chairman mentioned, as my bill H.R. 1567, the Stop TB Now Act which passed the floor earlier this year, was largely incorporated into this bill, and I'm delighted about that.

The World Health Organization reports that 1.5 million people died of tuberculosis in 2006, with another 200,000 dying from HIV-associated tuberculosis. The multi-drug resistant and extensively drug resistant TB, known as MDR and XDR, poses a grave risk to global health. A contagious airborne disease, TB knows no barriers or borders and can only be successfully controlled in the United States by controlling it overseas.

This Lantos-Hyde Act declares TB control a major objective of U.S. foreign assistance programs. In support of WHO targets, the bill prioritizes halving TB deaths and disease, cutting them in half, and achieving a 70 percent detection rate and an 85 percent cure rate by 2015.

The Lantos-Hyde Act prioritizes the Stop TB Partnership's strategy, which includes expansion of the successful treatment regimen for standard TB, treatment for individuals infected with both TB and HIV, treatment for individuals with drug-resistant TB, and enabling research and development of new tools.

Recognizing the deadly synergy between TB, an opportunistic infection, and HIV, the Lantos-Hyde Act authorizes assistance to strengthen the coordination of HIV/AIDS and TB programs. TB is the leading killer of people with HIV/AIDS.

The CHAIRMAN. The gentleman's time has expired.

Mr. ENGEL. May I ask for an additional minute?

Mr. BERMAN. I yield the gentleman an additional minute.

Mr. ENGEL. And the explosion of drug-resistant TB in sub-Saharan Africa threatens to halt and roll back our progress in combating both diseases.

The legislation supports key TB-HIV activities, such as providing AIDS patients with TB screening and treatment, and providing TB patients with proper counseling, testing and treatment for HIV/AIDS.

Finally, the legislation authorizes assistance for the development of new vaccines for TB. The current TB vaccine is more than 85 years old and is unreliable against pulmonary TB, which accounts for most of the worldwide disease burden. New TB vaccines have the potential to save millions of lives and would lead to substantial cost savings.

Studies modelling the 10-year economic benefits of a vaccine that is 75 percent effective have estimated worldwide savings in medical costs of $25 billion or more.

I strongly urge my colleagues to support this bill. This is a very, very important bill.

Ms. ROS-LEHTINEN. Madam Chairman, before yielding to my distinguished colleague from Illinois, I would like to recognize the efforts of Yleem Poblete, our staff director on the GOP side, Mark Gage, Joan Condon, Sarah Kiko of our committee staff, they have all been working so hard, and our detailee, a valuable addition to our PEPFAR team, Ben Snyder. Thank you to everyone who has worked so hard.

Madam Chairman, I would like to yield 3 minutes to the gentleman from Illinois (Mr. WELLER), an esteemed member of the Committee on Ways and Means.

Mr. WELLER of Illinois. Madam Chairman, I rise in strong support for the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis and Malaria Reauthorization Act. I want to commend the current leadership of the committee, the bipartisan leadership, Mr. BERMAN and Ms. ROS-LEHTINEN, for their leadership in moving this legislation to the floor in a bipartisan way. And it's most appropriate that it be named after Tom Lantos and Henry Hyde, two distinguished chairmen of the International and Foreign Relations Committees that changed names, but one thing that was in common between Tom Lantos and Henry Hyde was they always worked to ensure that foreign policy should be a bipartisan product and a team effort. So, it is so appropriate that they be recognized by naming this legislation after them, which reauthorizes President Bush's emergency plans for AIDS relief.

As noted by a number of my colleagues, almost 33 million citizens of this planet today suffer from the consequences of HIV/AIDS. We have a moral responsibility, and it's important that the United States exhibit and demonstrate moral leadership in addressing this crisis, which not only is a health issue, but it's a security issue for this globe.

I think we all watched the reception of President Bush when he traveled recently to Africa and the appreciation that was shown by the leadership in Africa for the President's initiative and the bipartisan support that we've seen in the effort against AIDS, and to help those who are victims of AIDS in Africa.

We often think of Africa when we talk about global AIDS, but of the 33 million, there are also many living in Latin America and the Caribbean who suffer from HIV/AIDS as well. In Latin America today there are 1,600,000 people living with HIV/AIDS, that's up from 1.3 million in 2001; and 58,000 citizens of Latin America have lost their lives to HIV/AIDS. In the Caribbean, 230,000 adults and children are currently known to be infected with HIV/AIDS. That's up from 190,000 in 2001. In the Caribbean, 11,000 citizens of the Caribbean have lost their lives.

I note we've made some progress as a result of the President's initiative for AIDS relief. In Haiti alone, a large recipient of aid as a result of this initiative, almost 4 percent of the population of Haiti is infected with HIV/AIDS. Think about that, 190,000 people. And since 2004, thanks to this initiative, the number of people receiving care and support has grown from 30,000 to 125,000, and an anticipated 150,000 people will be reached this year because of this initiative. Haiti received almost $85 million from this program in the past year to address this crisis which affects many in the Caribbean.

The point is is that PEPFAR, as we know it, has allowed us to reach almost every person in Haiti struggling with HIV/AIDS. And, for example, the continued support is necessary to make sure we reach every person struggling with HIV/AIDS in the world, and that's why this extension is so important.

The CHAIRMAN. The gentleman's time has expired.

Mr. WELLER of Illinois. May I ask for an additional 2 minutes?

Ms. ROS-LEHTINEN. I yield an additional 2 minutes to the gentleman from Illinois.

Mr. WELLER of Illinois. I would also like to share a couple other examples of the success of this initiative and how this funding is helping regular people and making a difference in Latin America.

Bolivia, a large nation the size of Texas with 9 million people, thanks to the PEPFAR initiative we're using data to combat HIV/AIDS. In fact, real-time data is helping Bolivian health officials carry out more HIV/AIDS prevention education, including HIV counseling and testing services. And according to the Joint United Nations Program on HIV/AIDS, prevalence rates in Bolivia's general population has remained at 1–10th of 1 percent, which is remarkable success compared to some of its neighbors.

In Central America, in the Republic of Honduras, beginning in February of 2005 the United States awarded its first set of grants through USAID to 10 local nongovernmental organizations working with 43 Honduran communities most impacted by HIV/AIDS.

□ 1315

In their first 7 months of implementation, the organization has reached over 27,000 at-risk individuals with behavioral change models. As part of the HIV prevention efforts, the group began offering HIV counseling and testing, and the counseling and testing programs were the first in Honduras to be offered by those trained in accordance working with the Ministry of Health standards as part of a larger national prevention effort. And this collaboration between the government of the Honduras, USAID, indigenous organizations and the Ministry of Health has set this standard expanding access to testing in the Nation of Honduras.

The bottom line is, this program is making a difference in combating what is clearly a terrible crisis throughout the world, currently impacting 33 million citizens of this planet.

We have a moral obligation, and it's important that the United States continue to exert the leadership and demonstrate the leadership we have over the last few years to address the global AIDS crisis.

I urge bipartisan support.

Mr. BERMAN. Madam Chairman, I am very pleased to yield to my friend from California, someone who has been heavily invested in getting our attention on this issue and passing the legislation, putting, fashioning and passing the legislation in 2003 and again this time, our gentlelady from California, BARBARA LEE, for 5 minutes.

Ms. LEE. Madam Chairman, I rise in strong support of H.R. 5501.

And let me begin by thanking Chairman BERMAN, our ranking member, Ms. ROS-LEHTINEN, our subcommittee chair, Mr. PAYNE, also Chairman WAXMAN, Mr. SMITH, ranking member of the subcommittee, and all who have helped to make this legislation an amazing piece of legislation. And I know that Chairman Lantos and Chairman Hyde

want to thank us and are here with us honoring their legacy because they would want to see this move forward as it is today.

As one the five original co-authors of both the initial legislation establishing PEPFAR and of this new bill reauthorizing PEPFAR, I am pleased that we are moving forward. And again, I have to thank Chairman BERMAN and Ms. ROS-LEHTINEN for making sure that this legislation is really in the spirit of the bipartisan cooperation that we have moved forward with in the past.

There's no other piece of legislation that we will consider in Congress this year that will have the greatest impact on the lives of people around the world. Like many, I have witnessed firsthand many times the dramatic and positive impact of our AIDS programs on individuals and communities throughout the world, especially in sub-Saharan Africa. But it wasn't always this way.

Now, 10 years ago, actually, when I first came to Congress, I think it was 10 years in April, the world really had not recognized the devastating toll that HIV and AIDS were beginning to take on families and communities throughout Africa. Since that time, however, we have worked together on a bipartisan basis on a number of very important legislative initiatives that have put the United States on the right side of history when it comes to this global pandemic.

First, in 2000, we passed and President Clinton signed into law, H.R. 3519, the Global AIDS and Tuberculosis Relief Act. Now this important bill was a vision inspired by an idea by our former colleague and our friend, former Congressman, now Mayor Ron Dellums of Oakland, California to establish an AIDS Marshall plan in Africa, for Africa, funded through a World Bank AIDS Trust Fund.

With the help and leadership of our former colleague, Congressman Jim Leach of Iowa, we turned this idea into legislation which provided the founding contribution and the framework for what we know today as the Global Fund to Fight AIDS, Tuberculosis and Malaria.

In 2001, working with both former Chairmen Hyde and Lantos, Mr. BERMAN, Mr. PAYNE, Ms. ROS-LEHTINEN, Mr. SMITH, we drafted H.R. 2069, which was called the Global Access to HIV/AIDS Prevention, Awareness, Education and Treatment Act. This was the first bill that dared to provide large scale antiretroviral therapy to people living in the developing world.

Although we made progress in advancing this legislation through Congress in 2001 and 2002, we weren't able to reach a conference agreement with the Senate before the 107th Congress. Thankfully, however, our discussions would lay the foundation for quick action in the next Congress.

So at the end of 2002, the Congressional Black Caucus, along with practically every advocacy group in the United States, sent a letter to President Bush urging him to set up and create a presidential initiative on AIDS especially for sub-Saharan Africa.

In January of 2003, the President took up our cause, understanding the growing sense of urgency that had been building for years. His promise of $15 billion during his State of the Union address provided the impetus that we needed to pass H.R. 1298, the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003, which created PEPFAR.

In 2005, we took yet another step forward when we recognized that our foreign assistance programs did not adequately address the needs of children orphaned or made vulnerable by AIDS. So, working again with former Chairman Hyde and Chairman Lantos, we passed, and the President signed H.R. 1409, the Assistance for Orphans and Vulnerable Children in Developing Countries Act.

So, Madam Chairman, I lay out some of the history of our work on this important issue because it speaks volumes about what is possible when we come together in the spirit of bipartisan compromise as we honor the great legacy of both Chairman Lantos and Chairman Hyde through this legislation. Chairman Lantos, I know, very much wanted to reach a bipartisan compromise on this bill, as did Chairman Hyde. I'm saddened that both of them are not with us to witness this moment. But I know that they are very pleased with what we have put together today.

The CHAIRMAN. The gentlewoman's time has expired.

Ms. LEE. May I have an additional minute, please?

Mr. BERMAN. I yield the gentlelady an additional 2 minutes.

Ms. LEE. As a former member of the staff here on Capitol Hill for 11 years, I have to mention some of our staff members' names particularly because they did a phenomenal job in this. Dr. Pearl Alice Marsh, of course, Kristin Wells, David Abramowitz, Peter Yeo, Bob King, Yleem Poblete, Mark Gage, Joan Condon, Heather Flynn, Sheri Rickert, Naomi Seiler, Jessica Boyer, and of course Christos Tsentas of my staff. These staff members and other members, they deserved, their work deserves really to be applauded because this was not just work as a professional on the Hill. This is part of their life's work and I have to thank them again for their diligence and their competence.

This is a bipartisan compromise, so there were things that we had to give up and things that our colleagues on the other side of the aisle had to give up, but that's what compromise is all about.

Let me just mention a few of the items that were included in this bill. Of course it included language taken from my bill, H.R. 1713, the PATHWAY Act, to strike the 33 percent abstinence-until-marriage and provide a comprehensive prevention strategy to address the needs of women and children.

It also includes language taken from my bill, H.R. 3812, the African Health Capacity and Investment Act, to build health capacity by recruiting, training and retaining health professionals and strengthen health systems.

Now, of course there's still some issues I think need to be addressed which aren't in this bill. I think we should eliminate the prostitution pledge, which violates the first amendment and poses an unnecessary barrier to organizations that work with sex workers.

I think we need to recognize the public health benefits of linking our HIV and AIDS programs with family planning services by eliminating ideological restrictions imposed by the global gag rule.

I think we need to end the unjust and discriminatory travel and immigration ban on people living with HIV and AIDS who wish to enter into the United States.

So these are not impossible goals. In addition, we should fully fund the recruitment, training and retention programs for health professionals with a focus on training doctors and nurses to build health capacity and strengthen health care systems. So I hope that we can do this as we move forward.

Let me again thank the chairman for his leadership in addressing the greatest humanitarian, national security and public health crisis of our time.

Ms. ROS-LEHTINEN. Madam Chairman, I would like to yield 5 minutes to the gentleman from Indiana, Congressman PENCE, the ranking member on the Subcommittee on Middle East and South Asia, who spoke so eloquently during the committee markup on the need for this bill. 5 minutes.

(Mr. PENCE asked and was given permission to revise and extend his remarks.)

Mr. PENCE. I thank the ranking member for yielding.

I rise in support of the Tom Lantos and Henry Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis and Malaria Reauthorization Act of 2008.

The Bible tells us to whom much is given much is expected. And I believe the United States has a moral obligation to lead the world in confronting the pandemic of HIV/AIDS.

The dimensions of this crisis are truly staggering. The HIV/AIDS pandemic has infected more than 60 million people worldwide. It has killed more than 25 million, a number which grows grievously every day by more than 8,500. HIV/AIDS has orphaned some 14 million children. And today, 70 percent of the people in the world with HIV/AIDS reside in Africa. Within that continent, there are entire countries where more than one-third of the adult population is infected.

More startlingly, if current infection rates continue, new epicenters for the disease are likely to arise out of India,

China, Eastern Europe with numbers that could surpass Africa in a few short years.

And the threat this pandemic poses to our security is also real. Left unaddressed, this plague will continue to undermine the stability of nations throughout the two-thirds world, leaving behind collapsing economies and tragedy and desperation, a breeding ground for extremist violence. This is truly a global crisis. And because the United States can render timely assistance, I believe we must.

Originally titled the President's Emergency Plan for AIDS Relief, PEPFAR put the world on notice that America will not ignore despair, desperation and disease. I am proud to have supported the original passage of PEPFAR in 2003, and I'm proud to support it today.

You know, every so often, in this place, we have the opportunity to do something for humanity and serve the American people, and this is such a time.

I thank Chairman BERMAN and Ranking Member ROS-LEHTINEN for their strong leadership. I commend my colleague, CHRIS SMITH in particular for his yeoman's work on carefully preserving the delicate balance of this legislation.

And I also would like to publicly acknowledge the work of our President, George W. Bush. Mr. President, because of your moral leadership and compassion, Africa will never be the same, and history will record your work.

This Global AIDS bill seeks to address the crisis, not by providing medicine and health care to those in need, but also by providing resources for evidence based programs that have been successful in preventing infection. It's imperative, I believe, that we not only send our resources, but we also send them in a manner that is consistent with our values. We cannot send billions of dollars to Africa without sending value-based safeguards and techniques that work to fight the spread of HIV/AIDS by changing behavior.

Currently, within the Global AIDS bill, these pivotal provisions exist in the form of a requirement to ''provide balanced funding for prevention activities'' and to ensure that abstinence and faithfulness programs are ''implemented and funded in a meaningful and equitable way.''

It was essential that we preserve these prevention methods that focus on behavioral change, that we work with faith-based and nongovernmental organizations at the local level, particularly through the ABC model that has produced such undeniable results.

Also, it was absolutely critical that we administer this foreign aid under the historic pro-life guidelines that prevent our foreign aid from going in a direction that's antithetical to the values of millions of Americans. I'm pleased to say the Lantos/Hyde Global AIDS bill preserves all of these vital pro-family provisions.

As we tend to the suffering though, we always have to figure out how we're going to pay for it. The Federal budget, I believe, is packed with wasteful and bloated programs which could supply more than enough opportunities to cover the costs of the Lantos/Hyde Global AIDS bill.

□ 1330

This summer, Madam Chairman, when it comes time to fund this program during the appropriations process, I believe Congress should make the hard choices necessary to ensure that this global health crisis does not become a crisis of debt for our children and grandchildren. I believe it is possible to be responsible to our fiscal constraints while being obedient to our moral calling.

The greatest of all human rights is the right to live. America is a Nation of great wealth, wealth of resources, but more importantly, a wealth of compassion. The history of the world is filled with telling moments regarding the character of a people. Sometimes we are witness to mankind's great inhumanities; other times, we marvel at the beauty of mankind's selfless acts of compassion when we rise above politics and raise up those in dire need. Let this be such a day.

I urge my colleagues to support the Lantos/Hyde Global AIDS bill and its carefully crafted bipartisan compromise.

Mr. BERMAN. Madam Chairman, I am pleased to yield 1 liberal minute to the majority leader, the gentleman from Maryland (Mr. HOYER).

Mr. HOYER. Thank you, Mr. Chairman. Congratulations to the chairman of the committee. He is an extraordinary individual whom I have known for four decades. He will do an excellent job. We lament the loss, however, of the two individuals for whom this bill is named.

I want to congratulate my good friend, ILEANA ROS-LEHTINEN, as well for her leadership, and I want to associate myself generally with the remarks of the previous speaker. And I think it is emblematic of the partnership that we have, not only with the administration, but on both sides of the aisle as it relates to this moral, as well as health, issue, and I thank the gentleman for his comments.

Madam Chairman, 5 years ago, the United States made an unprecedented commitment to the people of the world who suffer from HIV and AIDS, malaria, tuberculosis, and other diseases. We pledged $15 billion, and with that funding, we have provided life-saving drugs to almost a million and a half people. We facilitated care for over 2 million orphans and vulnerable children and provided mother-to-child transmission prevention services during more than 6 million pregnancies.

We have played a very real role in helping to transform HIV from a death sentence to a manageable disease.

And, Madam Chairman, as I said 5 years ago when we first passed this legislation, we must recognize that our Nation and each one of us has a moral obligation and a national security interest, as has been spoken of, in combating the HIV/AIDS pandemic, as well as malaria and tuberculosis.

Today, with this legislation, the Tom Lantos and Henry J. Hyde Global Leadership Against HIV/AIDS, Tuberculosis and Malaria Reauthorization Act, we build on and increase our commitment to stop the spread of HIV/AIDS.

Through this legislation, we make a $50 billion contribution to the fight to eradicate HIV/AIDS, malaria and tuberculosis. In addition to expanding our prior efforts, this carefully negotiated legislation will strengthen HIV-related healthcare delivery systems and increase health workforce capacities; foster stronger relationships between HIV/AIDS initiatives and other support programs, including those that promote better nutrition and education; allow HIV/AIDS testing and counseling to be provided in the United States bilateral family planning programs, and it finances prevention and treatment programs targeting women and girls.

This bill, Madam Chairman, also eliminates an ineffective requirement: that one-third of PEPFAR prevention funds be spent on abstinence. Instead, we have directed the administration to create a balanced approach requiring behavioral change programs to receive 50 percent of the funds devoted to the prevention of sexual transmission of HIV, and in addition, we require the administration to report to Congress if programs in nations where the epidemic has become generalized do not adhere to this balanced approach. This legislation represents both commitment and compromise.

It will not make everyone happy, but it does signal to the international community that the United States recognizes and accepts our moral obligation to act.

Last year alone, 2.5 million people contracted HIV, roughly 6,800 people per day. Last year alone, 2.1 million people died of HIV. Global AIDS is a problem too large to fall prey to political sport.

My very good friend, the late Chairman Lantos, noted 5 years ago that this health care crisis ruins families, communities, and indeed, whole nations, fueling violence and bloodshed across borders. And thus, it is a global challenge that demands a global humanitarian response with the United States in the lead.

Madam Chairman, this is a very good bill. It builds on proven outcomes, and it deserves the support of the Members on both sides of the aisle.

And again, I congratulate Chairman BERMAN and Ranking Member ROS-LEHTINEN on their leadership on this effort.

Ms. ROS-LEHTINEN. Madam Chairman, I would like to yield such time as he may consume to the gentleman from New Jersey (Mr. SMITH) for the

purpose of engaging in a colloquy with our chairman, Mr. BERMAN of California.

Mr. SMITH of New Jersey. I thank my good friend for yielding.

Madam Chairman, I would like to engage in a colloquy with my friend and colleague, the chairman of the Foreign Affairs Committee, Mr. BERMAN.

I would note there are two versions of the committee report for H.R. 5501 designated as part 1 and part 2. I wish to clarify that the definitive version that applies for purposes of the legislative history of this bill is part 2.

Is that the understanding of the chairman?

Mr. BERMAN. I appreciate the gentleman yielding, and the gentleman is absolutely correct. Part 2 of the report is the definitive report on the legislation being considered by the House today.

Mr. SMITH of New Jersey. I thank the Chair for that clarification.

Mr. BERMAN. Madam Chairman, I am pleased to yield 2 minutes to my colleague from California (Ms. WOOLSEY), the chairman of the Education and Labor Subcommittee on Workforce Protections and a member of the Foreign Affairs Committee.

Ms. WOOLSEY. Madam Chairman, I rise today in strong support of 5501 and to congratulate our new chairman of the International Relations Committee and to thank our chairman and to thank our Ranking Member ROS-LEHTINEN, and particularly congratulate the chairman of the Africa and Global Health Care Subcommittee for writing a bill that clearly reaffirms Congress' commitment to healthy communities, this time with the focus overseas.

As a member of the subcommittee, I'm especially pleased that this bill supports maternal health, orphans, and vulnerable children. Today, in Africa and throughout the world, children are losing their parents to the AIDS epidemic. These same kids will grow up too soon. They will be forced to become caregivers to their own siblings, leaving school, joining the underage workforce, praying that they are not the next in line for the graveyard.

In a world as prosperous as our own, Madam Chairman, it is absolutely unacceptable that this could be happening anywhere. But this bill actually continues our promise to rid the planet of this plague. This bill offers real hope. We invest in treatment, but most importantly, it works towards prevention.

Like many of my colleagues, I'm disappointed that conservative forces pushed to reduce the Reproductive Health Initiative, but the overall result will actually be remarkable. And most importantly, it will be life saving.

I encourage all of my colleagues to vote for H.R. 5501 to make this a better place to live in worldwide.

Mr. PAYNE. I recognize the gentleman from Missouri (Mr. CARNAHAN) for 2 minutes.

Mr. CARNAHAN. Madam Chairman, I am proud to rise in support of H.R. 5501, properly named after our former Chairmen Lantos and Hyde, both of whom I had the honor to serve under on the Foreign Affairs Committee.

I also want to thank President Bush for reaffirming his commitment to Africa in his State of the Union but also to being open to improvements in how we deliver our support in Africa.

I want to also add my thanks to Chairman BERMAN and Ranking Member ROS-LEHTINEN for their leadership in bringing this to the floor, but especially to Chairman BERMAN for his great instincts to reach out and craft an achievable and better bill in this Congress in this way.

Today, we have an opportunity to improve the way the U.S. funds and administers these HIV/AIDS, TB and malaria programs around the world. I believe that it is important to make real changes and real progress in reauthorizing this vital life-saving program.

In February, I had the opportunity to travel to Ethiopia and study and investigate the effectiveness of many of these programs. The positive effect that PEPFAR has had over the last several years is quite obvious: countless lives have been saved and numerous infections have been prevented.

I visited health clinics in rural Ethiopia, including PMTCT, family planning, and government-supported clinics. This bill makes important steps to not just increase funding but to have a more balanced approach to integrate prevention programs.

While I would have liked to have seen even greater integration in these programs with family planning and prevention programs, I'm pleased with the steps the bill does take and steps that are being taken in a bipartisan way that can help this be done sooner.

Mr. PAYNE. We will now have the gentleman from New York (Mr. CROWLEY) for 2 minutes, a member of the Foreign Affairs Committee.

(Mr. CROWLEY asked and was given permission to revise and extend his remarks.)

Mr. CROWLEY. Madam Chairman, I rise in support of the bipartisan agreement that will reauthorize PEPFAR for an additional 5 years. I want to thank both the Chair of the committee, HOWARD BERMAN, the new and very capable chair of the committee, HOWARD BERMAN, as well as my long-time friend, the ranking member, Ms. ROS-LEHTINEN, for their crafting of the legislation and in naming it the Tom Lantos/Henry Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis and Malaria, the Reauthorization Act of 2008. And in so doing, I think it enhances the legacy of both of these fine gentlemen.

Let me say from the start, I support the strong program and will urge my colleagues to do the same. The first 5 years of PEPFAR have provided unprecedented prevention, care, and treatment of HIV/AIDS for millions around the world. By passing this bill we can, and we will, do more.

Through PEPFAR, the United States has spearheaded the global fight against HIV/AIDS by supporting services to prevent mother-to-child HIV transmission. These services have helped women during more than 10 million pregnancies and led to the prevention of more than 150,000 infant infections. It has supported life-saving treatment for almost 1.5 million men, women, and children. In the focus countries, over 60 percent of those receiving treatment are women and girls.

It is my honor to say that I have supported this program when it was first introduced before this body, and I worked to ensure that PEPFAR was as effective and as efficient as possible. An example of this bipartisan effort was the inclusion of language, which I championed, to emphasize education on gender equality and respect for women and girls. The reauthorization act strengthens these provisions by calling for the empowerment of women and youth and by promoting changes in male behavior and attitudes that respect the human rights of women and youth and that support and foster gender equity.

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However, let me be equally clear, this bill could do so much more and could prevent many more infections if it improved a critical partnership with these programs in the fields that have served women and their families for over four decades, and that is in the field of family planning providers.

The CHAIRMAN. The gentleman's time has expired.

Mr. PAYNE. Madam Chairman, I yield an additional minute to the gentleman from New York.

Mr. CROWLEY. Madam Chairman, the House version of the U.S. Global AIDS Act contains language suggesting that only family planning programs compliant with the global gag rule will be eligible to receive PEPFAR funds to provide HIV education, counseling, and testing. I believe that this would be a new restriction. No such requirement exists in current law or policy. And I believe if we are serious about preventing the most new infections, we need to put aside our political differences on the merits of the global gag rule and ensure that the very best in the field have the support of the U.S. to do what they need to do, and that is prevent the spreading of HIV/AIDS.

Mr. PAYNE. Madam Chairman, I yield 3 minutes to the gentleman from the Ways and Means Committee, from the State of Washington (Mr. MCDERMOTT).

(Mr. MCDERMOTT asked and was given permission to revise and extend his remarks.)

Mr. MCDERMOTT. Madam Chairman, we know what needs to be done. The PEPFAR reauthorization bill is it, and we're doing it.

This bipartisan bill not only reauthorizes PEPFAR but also dramatically strengthens the programs. H.R.

5501 elevates the fight against HIV/AIDS, TB, and malaria from an emergency to sustainability. In so doing, we declare that HIV is no longer the death sentence that it was only 5 short years ago. We can hope and strive for a generation free of HIV and AIDS.

I want to thank the chairman and the subcommittee chairman for including provisions in the legislation that Representative GRANGER and I introduced, which strengthens the prevention of mother-to-child transmission of HIV. We must ensure that women and children have access to early screening and lifesaving drug therapies. We can do this by providing greater training and education on effective prevention. We also must ensure that they integrate these services with other maternal health efforts.

Every day more than 1,000 children around the world are infected with HIV. An estimated 90 percent of those infections occur in Africa. But a single dose of an antiretroviral drug given once to the mother at the onset of labor and once to the newborn during the first 3 days of life reduces transmission by 50 percent. Fewer than 10 percent of pregnant women with HIV in resource-poor countries have access to these prevention services. But I'm proud that this bill includes prevention provisions to strengthen our commitment to prevention and save lives in the process.

Perhaps the most important provisions are those that recognize the importance of expanding access to screening and treatment of women and children. H.R. 5501 also provides my provisions to establish two 5-year targets that will bring us closer to a generation free of HIV/AIDS.

The first goal is to increase the percentage of children receiving treatment under PEPFAR from 9 to 15 percent. Treatment allows the greatest hope for giving a child infected with HIV the chance to an adulthood free of the disease.

The second goal is for 80 percent of pregnant women in the most affected countries to receive HIV counseling and testing and, where necessary, antiretroviral treatment to prevent mother-to-child transmission.

The biggest limitation on reaching these goals is the availability of trained personnel. This bill sets a goal of 140,000 people to be trained by 2015. In South Africa, where my wife is working on the ground in this epidemic, they are closing pediatric hospitals because there's no pediatrician to run them. Now, the 80 percent goal is a down payment on our hope of achieving 100 percent by the time this authorization expires.

We have a chance today to send a message that America cares enough to lead the world in fighting these deadly diseases. We should speak loud and clearly. The legislation gives more people the chance to be survivors instead of statistics.

I urge my colleagues to support this important bill that strengthens our commitment to fighting the global HIV/AIDS/TB and malaria epidemic.

Mr. PAYNE. Madam Chairman, it is my pleasure to yield to a member of the Foreign Affairs Committee, the gentleman from Florida (Mr. KLEIN) for 2 minutes.

Mr. KLEIN of Florida. Madam Chairman, I rise today in strong support of the Tom Lantos and Henry J. Hyde Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act.

This legislation represents the best in bipartisan compromise, and it demonstrates that, despite what divides us from time to time as Republicans and Democrats, we can and do come together to tackle issues that matter most. And the global HIV/AIDS crisis matters deeply to all of us. Some 40 million people around the world are living with this disease. We have a moral imperative to act and to act decisively.

Just 5 years ago, an HIV diagnosis for a poor villager in Africa was a death sentence. Thanks to lifesaving drugs provided by the American people, this is no longer the case. The global AIDS program works, and it works because it is an initiative not of one political party or another. It is truly a compassionate statement by the American people, and I am very proud to support its reauthorization and urge my colleagues to do the same.

Mr. PAYNE. Madam Chairman, I yield to the vice chairperson of the Subcommittee on Africa, a member, of course, of the Foreign Affairs Committee, the gentlewoman from California (Ms. WATSON) for 2 minutes.

Ms. WATSON. Madam Chairman, I just returned from South Africa, and I did a single codel visiting the various clinics and hospices that are receiving PEPFAR funds. And I happily report that the small donations they do receive are stretched beyond imagination. They are finally realizing that the NGOs have really made great strides.

About 4 years ago, when we went offering them assistance and so on, most of our help was rejected. But I want you to know that one clinic, which is a hospice, gets $70,000 a year. And what they do is reach out to the NGOs in the area. There are volunteers from America there. They run an excellent facility, and you can see gradual progress.

I was told by our appointed ambassador that he was going to reduce the amount of donation by $50 million, and I cautioned him because that would be the wrong message to send for the small successes they have had and that what we can do is say to the government there that we will cap it at a certain amount and then you need to also kick in.

So I want to report to our committee and to Mr. PAYNE, the Chair, that the funds are working. They're improving our image, and they're helping to save lives in South Africa.

Thank you so much, Mr. PAYNE.

Mr. PAYNE. Madam Chairman, I thank Representative WATSON for her kind remarks.

Madam Chairman, at this time I would like to yield 3 minutes to the gentlewoman from Texas, a member of the Foreign Affairs Committee and Africa Subcommittee (Ms. JACKSON-LEE).

(Ms. JACKSON-LEE of Texas asked and was given permission to revise and extend her remarks.)

Ms. JACKSON-LEE of Texas. Madam Chairman, there's a terminology that we use to describe joyous occasions. Sometimes it describes freedom. The Fisk Singers in Tennessee were called the Jubilee Singers, and it was because they organized around slavery and after slavery and the ability to be free with jubilation, and, therefore, they were called the Jubilee Singers.

I think today is a day of jubilation, and it certainly is a time to express the jubilation that we feel with the passage, or the intended passage, of this legislation.

Let me thank the chairman of the subcommittee, Mr. PAYNE, for persistence and determination and wisdom. Let me also acknowledge his ranking member, Mr. SMITH; and, of course, our chairman, Mr. BERMAN; and the ranking member of the full committee, Ms. ILEANA ROS-LEHTINEN for working with us.

But I do want to spend some time acknowledging that we have named this bill after the late former Chairman Tom Lantos and Henry J. Hyde. That is a jubilation. It is something to express great excitement about because these two distinct figures, in many instances with common views but many instances different views, came together around this lifesaving legislation, Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria. And it is particularly important because we have added malaria and tuberculosis as an element that is not a partner but results thereof and/or stands alone, but all of them kill.

I am reminded of the first mission to Zimbabwe, to Zambia, and to South Africa, where we went on a Presidential mission, three Members of Congress, to look closely at the devastation of HIV/AIDS. It was in 1996/1997. And it was there that I saw a 4 year old taking care of a dying grandparent, the last person surviving who had tuberculosis and HIV/AIDS. So this legislation is crucial, and it is particularly crucial because it recognizes the devastation of all of them.

It is likewise crucial because we have not won the war. The jubilation is that the bill is on the floor, but we have not won this war. And I might also say that we have not won the war in education, the ability to prevent all of these diseases.

So let me ask my colleagues to support this legislation.

Madam Speaker, I rise today in strong support of H.R. 5501, The Global HIV/AIDS, Tuberculosis and Malaria Reauthorization Act of 2008. I believe that the legislation we are considering today makes vital improvements to

what is already a groundbreaking program. I would like to thank Chairman BERMAN for his ongoing leadership on this issue, and for bringing this legislation to the floor today. I would also like to thank the Committee's Ranking Member, Congresswoman ROS-LEHTINEN, and my colleagues across the aisle, for working toward a compromise, to develop legislation of which we can all be proud. Today's legislation is a crucial step toward transforming PEPFAR from an emergency response to a sustainable program.

I would also like to thank both Chairman BERMAN and the Chairman of the Subcommittee on African and Global Health, Congressman PAYNE, for working with me to include important language in this legislation. My language, in Section 301 of this bill, addresses the necessity of making children a priority among individuals with HIV for proper food and nutritional support. Section 301, with my language included, states that it is the sense of Congress that ''for the purposes of determining which individuals infected with HIV should be provided with nutrition and food support—

(i) children with moderate or severe malnutrition, according to WHO standards, shall be given priority for such nutrition and food support; and

(ii) adults with a body mass index, BMI of 18.5 or less, or at the prevailing WHO-approved measurement for BMI, should be considered 'malnourished' and should be given priority for such nutrition and food support;''

Madam Chairman, as Chair of the Congressional Children's Caucus, I believe that this language is crucial, and I thank the Chairman for including it in the text of the bill. HIV-infected children have been underrepresented among beneficiaries of PEPFAR-supported programs. As this legislation cites in the findings section, ''of those infected with HIV, 2.5 million are children under 15 who also account for 460,000 of the newly-infected individuals.'' And even these large numbers are deceiving, as children die much quicker from AIDS than do adults. UNICEF reports that every minute, a child dies from an AIDS-related illness, and only 1 child in 20 who needs HIV treatment receives it. I am pleased to see this language, which focuses attention on the plight of these children, and makes serving their needs a priority.

I am particularly pleased to support an amendment offered by my colleague Congressman CARSON. Representative CARSON's amendment would direct the Coordinator of United States Government Activities to Combat HIV/AIDS Globally and the Administrator of the United States Agency for International Development to expand their plan for strengthening health systems of host countries by allowing for postsecondary educational institutions, particularly in Africa, to collaborate with United States postsecondary educational institutions and specifically historically black colleges and universities. I believe that such educational exchanges would be extremely beneficial for students both in our own Nation and in developing nations. I urge my colleagues to join me in supporting this amendment.

In addition, I am also pleased to support the amendment offered by my colleague Congressman BLUMENAUER. This amendment adds safe drinking water to nutrition and income security on the list of programs for which direct linkages are encouraged. People with HIV/AIDS are at increased risk for diarrheal diseases, and these illnesses leave HIV-infected patients with a reduced ability to absorb antiretroviral and other medications. The availability of safe drinking water must be part of any sustainable strategy of HIV prevention and treatment.

As this House is aware, it is estimated that HIV/AIDS, tuberculosis, TB, and malaria together kill more than 6 million people each year. In January 2003, President Bush announced the President's Emergency Plan for AIDS Relief, or PEPFAR. As its name implies, PEPFAR was envisioned as an emergency response; the bill before us today represents a crucial first step in the process of transitioning to a sustainable program to address these global epidemics.

Seventeen years after the first cases were diagnosed, AIDS remains the most relentless and indiscriminate killer of our time, with 39.5 million people worldwide now living with HIV or AIDS. Despite pouring billions and billions of private and Federal dollars into drug research and development to treat and ''manage'' infections, HIV strains persist as a global health threat by virtue of their complex life cycle and mutation rates. Of those infected, 24.7 million, or about 63 percent, live in Sub-Saharan Africa, a region with just 11 percent of the world's population. 61 percent of those infected in this region are women. Though Africa, and even more specifically African women, bears the brunt of the AIDS pandemic, Americans should be reminded that HIV/AIDS does not discriminate, with well over a million people in our own country currently living with HIV or AIDS.

Tragically, 6 percent of the 39.5 million people currently infected with HIV/AIDS are children under 15 years of age. In 2006, the virus killed 380,000 children (13 percent of all HIV/AIDS deaths), and 90 percent of all children living with HIV reside in sub-Saharan Africa. According to UNAIDS statistics from 2005, 1,500 children worldwide became newly infected with HIV every single day, due largely to inadequate access to drugs that prevent the transmission of HIV from mother to child. Only 8 percent of pregnant women in low- and middle-income countries were offered services to prevent HIV transmission to their newborns.

Madam Chairman, HIV/AIDS continues to represent a serious and large-scale challenge throughout much of the world. It goes far beyond a simple health problem, and it hinders attempts to foster economic development and political stability. As we reauthorize PEPFAR, I believe it is crucial that we emphasize the long-term sustainability of our HIV efforts, and that we integrate AIDS prevention and treatment within our larger-scale development initiatives. I believe that the legislation before us today makes groundbreaking strides toward moving the Global HIV/AIDS program beyond emergency implementation and toward sustainability. It dramatically boosts HIV/AIDS programming related to women and girls, strengthens health systems in countries hardest-hit by the HIV virus, increases U.S. contributions to the Global Fund, and authorizes HIV/AIDS programs to include linkages to food, nutrition, education, and health care programs.

Though we have drugs that are effective in managing infections and reducing mortality by slowing the progression to AIDS in an individual, they do little to reduce disease prevalence and prevent new infections. For this reason, there is growing consensus among health experts that we must put greater emphasis on comprehensive prevention programs, which are perhaps the most critical aspect of any initiative to combat global HIV/AIDS. Even as increasing numbers of people have access to anti-retroviral drugs, ARVs, an estimated 5.1 million people who needed treatment did not receive it in 2006. In sub-Saharan Africa, the percentage of individuals needing treatment who actually received it rose substantially, from 2 percent in 2003 to 28 percent in 2006. This growth is impressive, and represents a significant step forward, but it also means that 72 percent of sub-Saharan Africans requiring treatment did not receive it.

Madam Chairman, despite our concerted efforts, we continue to face a serious and persistent health threat. I believe that it is imperative that we ensure that American taxpayer dollars are used to greatest effect, not to bolster ideology. This legislation makes important strides forward by removing elements of the original authorization that speak more to ideology than actual conditions in the field. Under the current law, one-third of all prevention funds under PEPFAR must be used on abstinence-only education, which neglects the real needs of populations both in America and abroad. These stipulations hurt the ability of PEPFAR to adapt its activities in accordance with local HIV transmission patterns, and they impair efforts to coordinate with national health plans. Though AIDS is clearly a global problem, it does not affect every nation equally or in the same manner.

Madam Chairman, I am extremely pleased that the legislation we are considering today removes these restrictive provisions, allowing PEPFAR to better address the requirements of each country, making more efficient and effective use of taxpayer dollars in serving the millions affected by this disease. According to studies by both the Government Accountability Office and the National Academy of Science's Institute of Medicine, the abstinence-only earmark has forced a reduction in mother-to-child transmission programs, reduced prevention efforts with high-risk groups, and undermined efforts to implement Abstinence, Faithfulness, and Condoms, ABC, prevention programs.

Under the provisions of today's compromise legislation, the administration will be directed to promote a ''balanced'' prevention program in target countries. This will include all elements of the ABC approach to HIV prevention. The legislation will require that the administration report to Congress if behavioral change programs do not receive 50 percent of funds devoted to the prevention of sexual transmission of HIV in countries in which there is a generalized epidemic. I believe this language is extremely important, as it not only recognizes that HIV is transmitted in other ways, besides sexual activity, but it also acknowledges that the epidemic is not the same in every country. By requiring a report, rather than earmarking the expenditure of funds, this legislation provides guidance while still affording organizations working in the field the flexibility to respond to nuanced circumstances.

I am proud to be part of this Democratic Congress, which will produce legislation reauthorizing a Global HIV/AIDS program driven by facts, rather than ideology. The removal of the abstinence-only earmark will make this reauthorization legislation stronger than the original

2003 legislation that it will replace, and I strongly urge my colleagues to oppose any efforts that might attempt to reinstate it.

In addition, I believe it is crucial that we dedicate greater attention to strengthening local health infrastructure. Health experts have expressed concern that the high amount of spending directed toward HIV/AIDS initiatives has drawn health workers away from public health facilities and other important programs. This merely compounds a chronic shortage of qualified health workers, which, according to WHO's 2006 World Health Report, is the single most important health issue facing countries today. This need is felt particularly sharply in Southeast Asia and sub-Saharan Africa.

Many health experts also continue to advocate greater integration between PEPFAR and other health programs, including those focused on nutrition, maternal and child heath, and other infectious diseases. These experts note that HIV is intricately linked to these other areas of concern; for example, malnutrition and lack of food may heighten exposure to HIV, raise the likelihood of engaging in risky behavior, increase susceptibility to infection, and complicate efforts to provide antiretroviral, ARV, medication. Further, an HIV epidemic will likely worsen food insecurity, by depleting the agricultural workforce. I believe it is necessary, to ensure maximum effectiveness, that we integrate PEPFAR with other aspects of our international health outreach and development programs. The legislation before us today does that.

Madam Chairman, while I recognize the importance of compromise, and I am glad we were able to reach an accord with our colleagues on the other side of the aisle, I am disappointed that the compromise text does not include a repeal of the language, known as the pledge requirement, requiring that all funding recipients to ''have a policy explicitly opposing prostitution and sex trafficking.''

Madam Chairman, the removal of the prostitution pledge was a critical facet of the bill we are considering today. The pledge currently restricts recipients' privately funded HIV prevention programs. No funds may be used to provide assistance to any group or organization that does not have a policy explicitly opposing prostitution and sex trafficking. Funding recipients must refrain from speech or conduct that is inconsistent with the Government's views on prostitution, even when they use private funds. Organizations must refrain from some effective HIV prevention strategies, for fear that the Government will view it as ''pro-prostitution.'' A repeal of the prostitution pledge language would leave in place language ensuring that U.S. Government funds may not be used to ''promote or advocate the legalization or practice of prostitution and sex trafficking.''

Madam Chairman, the prostitution pledge undermines prevention efforts targeting one of the populations most vulnerable to HIV transmission. Because high-risk populations such as sex workers are extremely marginalized, it is crucial that any intervention promotes a level of trust between sex workers and service providers. Failure to provide sex workers with information and services that will help them protect themselves and their partners from HIV transmission and other sexually-transmitted diseases also puts the broader community at risk. I am disappointed that this legislation does not remove this vague and counterproductive requirement.

This legislation also contains crucial provisions with regards to malaria and tuberculosis prevention and treatment. It incorporates H.R. 1567, the Stop Tuberculosis, TB, Now Act of 2007 sponsored by Congressman ENGEL, important legislation which I am proud to cosponsor. Today's legislation emphasizes the linkages between HIV/AIDS and TB, and it also creates new strategies for attacking MDR and XDR forms of drug-resistant TB. The bill also requires the President to develop a comprehensive 5-year strategy to combat malaria globally and strengthen United States leadership against this disease, and creates a new Coordinator of United States Government Activities to Combat Malaria Globally.

If we are to turn the tide of turmoil and tragedy that HIV/AIDS, malaria, and tuberculosis cause to millions around the world, and hundreds of thousands right here in our backyard, it is imperative that we continue to fund and expand medical research and education and outreach programs. However, the only cure we currently have for HIV/AIDS is prevention. While we must continue efforts to develop advanced treatment options, it is crucial that those efforts are accompanied by dramatic increases in public health education and prevention measures. Investments in education, research and outreach programs continue to be a crucial part of tackling and eliminating this devastating disease.

As Americans, we have a strong history, through science and innovation, of detecting, conquering and defeating many illnesses. We must and we will continue to fight HIV/AIDS until the battle is won.

Ms. ROS-LEHTINEN. Madam Chairman, at this time I am pleased to yield 1 minute to my colleague, my friend from California (Mr. ROHRABACHER), who is the ranking member of the Subcommittee on International Organizations, Human Rights, and Oversight.

Mr. ROHRABACHER. Madam Chairman, I rise in strong opposition to sending $50 billion, $50 billion taken from the American people, to Africa to fight AIDS.

When it comes to this situation with AIDS in Africa, obviously, we have some people in crisis who are very deserving people. But where does that $50 billion come from? Are we going to be helping people overseas at the expense of the well-being of our own people?

There are only three ways of getting the money: We can take it from domestic programs, take it from those programs to help our own elderly and the health care for our own people, our own veterans; or we can raise taxes, which would knock the legs out from under our economy and make our deficit even higher; or we can borrow the money. And if we borrow the money, we end up spending hundreds of millions of dollars a year on interest. We're going to borrow $50 billion in order to help people overseas and then end up paying interest on it for the next umpteen years? This is benevolence gone wild.

Yes, we would like to help everybody in the world. But if we vote for this, it's the most irresponsible measure that I have ever seen in my term here in Congress for 20 years. We are taking directly from our veterans, from our elderly, and others to give $50 billion to Africa.

The CHAIRMAN. The gentleman's time has expired.

Ms. ROS-LEHTINEN. Madam Chairman, I yield the gentleman an additional 30 seconds.

Mr. ROHRABACHER. Thank you very much.

Thus what we have to decided to is, are we going to deprive our own people, our seniors? I just came from a meeting with doctors from my district. We can't afford to provide health care for our seniors, for our veterans. We can't afford all the educational things we want to do. How can we possibly, then, take $50 billion and send it to Africa, even though it's a worthy cause?

We should not be doing this. It is not in the interests of the American people. And I would call on my colleagues to oppose this totally wasteful expenditure of money.

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Mr. PAYNE. It is my pleasure to recognize the Speaker of the House for 1 minute, the gentlewoman from California, Speaker PELOSI.

Ms. PELOSI. I thank the gentleman for yielding, and recognize his extraordinary leadership on issues that relate to the alleviation of poverty and eradication of disease, which really are a national security interest for our country. They are about the health and well-being, the respect we command throughout the world.

I want to commend Chairman BERMAN. I think this is probably the first piece of legislation to come out of the committee under your leadership as chairman, and Congresswoman ILEANA ROS-LEHTINEN, the ranking member of the committee, for their leadership in bringing a bipartisan, strong initiative to the floor. This initiative is a continuation of the work that President Bush has as a priority in the eradication of AIDS, malaria, and tuberculosis.

For those of us who have been involved in these issues over the years, whether on the committees of authorization, and Congresswoman BARBARA LEE has been on the authorizing committee, and now on the appropriating committee; Congresswoman WATERS, in many ways in the House; and you, Madam Chairman, all of us know that for our country to be healthy, for the eradication of these diseases to take place, we must have a global approach to it. Disease knows no borders and boundaries. So, again, while it is the compassionate thing to do, it is in our self-interest to do as well.

The distinguished chair, Congresswoman ELEANOR HOLMES NORTON, and I, and others, just had the opportunity to visit a PEPFAR site in India at the Salvation Army, where they were distributing these drugs through a regimen, an organized regimen related to hygiene and the rest to people with HIV and AIDS. We can tell you from firsthand experience; I visited these

sites in south Africa, this trip was to India, that wherever we go, there is great appreciation for what our country is doing, and President Bush's leadership on this subject.

I am so pleased that the bill is named for Congressman Chairman Lantos, our friend who left us earlier this year, and Congressman Hyde before that, because they were the original authors of the first historic President's emergency plan for AIDS relief legislation in 2003. That landmark bill authorized $15 billion for 5 years. Working together with the Bush administration and Appropriations Committee, we succeeded in providing lifesaving antiretroviral treatment to almost 1.5 million people, supporting care for nearly 6.7 million people, including more than 2.7 million orphans and vulnerable children; and supporting prevention of more than 150,000 infected infants. We are talking about AIDS, malaria, and tuberculosis. Now we must take the next step in fighting AIDS in the poorest countries of the world. The legislation before us will move us from the emergency phase to the sustainability phase in fighting AIDS, tuberculosis, and malaria.

My colleagues have presented the provisions of the bill to you, so I will just submit mine for the RECORD, Madam Chairman, and just say in closing that the leadership against HIV/AIDS is our compact with developing nations across the globe. It says that America stands with them in this fight, that our commitment will not waver, and shows them America's true face of passion.

Since the AIDS epidemic began, 20 million men, women, and children have died from the disease. Twenty million. Forty million around the globe are HIV positive. That is what we know. We don't even know of those who have not come forth to be tested. Each and every day, another 6,000 people become infected with HIV. In addition, the number of orphans, vulnerable children with sick parents and adolescents at risk with HIV continues to grow, with an estimated 19 million needing assistance by 2010.

There is a moral imperative to combat this epidemic. If we have these drugs distributed in the manner in which they are under the President's program, this PEPFAR, then people will come forward to be tested, then we will have better success with our prevention initiatives. So it's all related. Care causes people to say there is a reason to be tested, and knowing the consequences of the disease contributes to the prevention effort.

Few crises have called out for more sustained constructive American leadership. This legislation before us makes that commitment. I urge our colleagues to support it. Once again, I salute you, Mr. PAYNE, for your leadership in so many ways that relate to, again, the eradication of disease and the alleviation of poverty and the strength of America related to that and how we are viewed in the world and how that all contributes to a healthier America.

All of these, if we don't, we will have a fury of despair that springs from a lack of hope in the world that contributes to violence and, again, takes us back to the security of our country. So for that security, and out of compassion, I urge my colleagues to support this initiative, which is President's Bush's initiative, named for our colleagues, Mr. Lantos and Mr. Hyde, put forth by the chair, Mr. BERMAN, and Congresswoman ROS-LEHTINEN in a strong bipartisan way, and we salute that, and advocated by Mr. PAYNE of New Jersey.

I urge my colleagues to support it.

INTRODUCTION/ACKNOWLEDGEMENTS

I rise today in strong support of the Tom Lantos and Henry Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act.

I congratulate Chairman HOWARD BERMAN and Ranking Member ILEANA ROS-LEHTINEN for their bipartisan efforts to fight HIV/AIDS and to help alleviate poverty and disease in the developing world.

PROGRESS IN THE FIGHT AGAINST AIDS

This legislation is appropriately named to honor the two authors of the first historic President's Emergency Plan for AIDS Relief legislation in 2003. That landmark bill authorized $15 billion over 5 years.

Working together with the Bush administration and the Appropriations Committee we succeeded in: providing lifesaving antiretroviral treatment to almost 1.5 million people; supporting care for nearly 6.7 million including more than 2.7 orphans and vulnerable children; and supporting prevention of more than 150,000 infant infections.

NEXT STEPS

Now we must take the next step in fighting AIDS in the poorest countries of the world.

The legislation before us today will move us from the emergency phase to the sustainability phase in fighting AIDS, TB and Malaria.

The legislation will: authorize $50 billion for the sustained commitment required to stop the global AIDS pandemic; dramatically strengthen health care delivery systems; encourage new and innovative ways to deliver the ABC prevention message; improve relationships with governments and NGOs; eliminate the requirement that one third of the funding be used for abstinence programs; improve services for women and girls and prevent violence against them; and build stronger linkages to health care and hunger initiatives.

CLOSE

The Leadership Against HIV/AIDS Act is our compact with developing nations across the globe. It says that America stands with them in this fight, that our commitment will not waver, and shows them America's true face of compassion.

Since the HIV/AIDS epidemic began, 20 million men, women, and children have died from the disease. Forty million around the globe are HIV-positive. Each and every day, another 6,000 people become infected with HIV.

In addition, the number of orphans, vulnerable children with sick parents, and adolescents at risk for HIV continues to grow, with an estimated 19 million needing assistance by 2010. There is a moral imperative to combat this epidemic.

Few crises have called out more for sustained, constructive America leadership. The legislation before us makes that commitment and I urge its adoption.

Ms. ROS-LEHTINEN. Madam Chairman, I would like to yield myself such time as I may consume.

Madam Chairman, sometimes when we are negotiating legislative text or debating the merits of an important bill, such as the one before us today, we can lose sight of the extent of the impact that our decisions here can have on the lives of so many.

I would like to quote from some of the African leaders whose people and societies have been rescued from certain death by our PEPFAR programs. The President of Tanzania has said the following, ''There would have been so many orphans to date. Had it not been for PEPFAR, the care and treatment, so many parents now who would have been infected can now live. And some of them can live as many years as possible. So can you imagine if this program is discontinued or disrupted? There would be so many people who would lose hope, and certainly there would be death. You create more orphans. So my passionate appeal is for PEPFAR to continue.''

Or listen to the words of the President of Botswana when he said, ''PEPFAR is now a critical partner in the historic and heroic battle to save lives. PEPFAR has turned despair into hope. PEPFAR has galvanized donor countries and agencies alike to act in concert in the interest of humanity. If the fund is not renewed and if it is not replenished, the momentum generated by PEPFAR thus far will no doubt be lost, and the hope rekindled by the generosity of the American people will be extinguished. I say this to you,'' said the President of Botswana, ''and that's what I said to the congressional committees recently.''

So, Madam Chairman, these and so many other statements reflect the human contribution of this critical United States program. But they also demonstrate that PEPFAR programs are helping to win hearts and minds throughout the world. They are building and strengthening the bonds between the governments and the people of these countries and the United States of America. They are building good will toward our Nation and toward the American people.

Madam Chairman, after the deplorable attacks on our Nation on that fateful day almost 7 years ago, we in this Chamber committed ourselves to using the range of U.S. foreign policy tools, including soft power, to counter the conditions that breed hatred, intolerance and radicalism; radicalism that targets the United States, our interests and our allies, and seeks to undermine our freedom and democracy everywhere. The bill before us is a vital tool in that effort.

Again, as our former colleague, our Ambassador to Tanzania has said, ''I

want you to know that PEPFAR is crucial to my current mission as Ambassador to the United Republic of Tanzania. It is a tremendous public diplomacy tool that shows America at her best, a compassionate partner who is committed to helping Tanzania meet its enormous HIV/AIDS challenges.''

''I was asked to present remarks to the National Consultive Meeting of Islamic Leaders and Scholars here in Dar es Salaam,'' continues the Ambassador. ''This was a historic gathering, as it was the first time that the most esteemed Muslim leaders of Tanzania had gathered together to discuss their role in the fight against HIV/AIDS. They invited me to speak alongside the President because of their concern about HIV/AIDS and their awareness of America's historic contribution to HIV prevention, treatment and care programs.'' Why? Because of PEPFAR. ''So as we help to save lives and restore hope,'' the Ambassador ends, ''we are leaving a lasting impression on the people of this country.''

Madam Chairman, I hope that our colleagues will see the great merit of this program and that we will continue to build upon it to save many more lives.

With that, I reserve the balance of my time.

Mr. BERMAN. Madam Chairman, I am pleased to yield 2 minutes to my friend and colleague from California, the gentlelady, MAXINE WATERS.

MS. WATERS. Madam Chairman and Members, I am pleased and proud to be here today to commend not only Chairman BERMAN but the late Tom Lantos and Henry Hyde for their wisdom and their foresight in putting together this most important legislation.

Ladies and gentlemen, I just returned from south Africa and I am pleased to announce that while I was there, I was recognized and given the Order of the Companions of Oliver Tombo Award for my work to help dismantle apartheid in South Africa, and basically for being a friend of south Africa's. I was very proud.

But as I sat there talking with President Umbeke and others, I was reminded that in south Africa there is an estimated 5.5 million people living with HIV and AIDS. That is more than any other country in the world. Over 18 percent of the adult population of south Africa is infected by HIV. Infected persons include thousands of well-educated professionals, such as doctors, nurses, civil servants, and teachers.

In recognizing that we have done a great job in helping to promote democracy and get rid of apartheid, the enemy now is HIV and AIDS and tuberculosis. They are losing all of their professionals. They don't have the personnel to carry out the plan that they have put together to continue to move south Africa to where south Africa needs to be.

I was very proud that they had built 2.3 million new houses over the last 10 years. But, again, tuberculosis, HIV and AIDS is destroying this population. This legislation will help this country and other countries. These are our friends. They love us. And they love us for having been involved in the struggle to help save them. These are countries that we will be able to count on in the world because we have come to their aid.

Let me also recognize that there were many Americans traveling in South Africa. Those Americans who were there are being served by people who live in areas where tuberculosis and HIV is rampant.

So we need this for protection and security of all peoples.

Mr. BERMAN. Might I inquire of the remaining time.

The CHAIRMAN. The gentleman from California has 9 minutes remaining. The gentlewoman from Florida has 18 minutes remaining.

Ms. ROS-LEHTINEN. Thank you, Madam Chairman.

We have no further requests for time. I would like to yield back the balance of my time.

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Mr. BERMAN. Madam Chairman, we have no further requests for time. I would like to make a few closing comments, and I yield myself such time as I may consume.

It is an accident of fate and hanging around a long time that put me in the position of managing this bill today, and it is the first bill not on the Suspension Calendar that has come out of the committee since I have become Chair. But the fact is the work on this legislation began a very long time before I became the Chair.

They have been mentioned before, but there are so many new initiatives and so much thoughtful logic underlying this legislation that I thought it would pay to once again mention a group of staff people who, working under the leadership of our staff director, Dr. Bob King, spent a huge amount of time working for Chairman Lantos, working with the minority staff, to craft what became a strong, bipartisan piece of legislation:

Peter Yeo; Pearl Alice Marsh; Kristin Wells; David Abramowitz; Macani Toungara; Heather Flynn from Chairman PAYNE's Africa Subcommittee; Christos Tsentas from Congresswoman BARBARA LEE's staff; Naomi Seiler and Jessica Boyer from the Government Oversight Committee staff, all played important roles on our side in working on this legislation. Yleem Poblette on the minority staff made major contributions.

The result is a bipartisan product where in a way we have internalized on our side the logic of efforts to change behavior and recognized the validity of abstinence programs in the context of a comprehensive approach to this problem and accepted the value of faith-based organizations, and the minority has accepted the logic that this is a fundamental, moral and humanitarian concern that we should address and be willing to put a lot of value to, because we know it works.

We know there is a direct relationship between the resources we put into this program and the lives saved, the people who can avoid and prevent it, and that it has implications beyond just the moral and humanitarian dimension, as Speaker PELOSI and Congresswoman ROS-LEHTINEN said, in terms of security and economic welfare and economic growth in so many parts of the world, which ultimately all inure to our benefit and our national interest.

So, once again, I am very pleased to be part of this process with my partner, the ranking member.

Mr. SIRES. Madam Chairman, I rise today in support of H.R. 5501, the Tom Lantos Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008. The passage of this bipartisan bill will continue Congress' commitment to the fight against HIV, T–B and malaria around the world. Currently, 95 percent of people with HIV live in the developing world, and I believe we must be leaders in combating the global AIDS crisis. H.R. 5501 would: dramatically boost HIV/AIDS programs for women and girls, strengthen health and education systems in nations hard-hit by the HIV virus, and provide funding for orphans and vulnerable children, as well as food and nutrition programs.

The World Health Organization estimates that over 38 million people are living with HIV/AIDS.

I believe H.R. 5501 provides needed funding and support to transition the very successful PEPFAR program, and I urge my colleagues to vote in favor of this bill. Finally, I can think of no better way to honor our late chairman, Tom Lantos, and his predecessor, Henry Hyde, by naming this bill after them. Chairman Lantos was an inspiration to so many and spent his entire life fighting for those around the world that were less fortunate. His memory will live on through his wife, family, and the lives of those who are saved with this vital legislation.

Ms. SCHAKOWSKY. Madam Chairman, I want to commend the chairman and ranking member of the committee for their work in bringing such a strong reauthorization before us today.

In an op-ed that appeared in the Washington Post a few weeks ago, Michael Gerson wrote that in voting for this bill, members of Congress can participate in ''something extraordinary—a true miracle of science and conscience, and politics at its noblest.''

When the emergency plan for aids was first announced, there were approximately 50,000 people on AIDS drugs in sub-Saharan Africa. Today there are roughly 1.4 million, so I share Mr. Gerson's enthusiasm for this bill, and I am proud of the statement we will make as a Congress by passing it.

I am also extremely encouraged by provisions in the Senate bill that will play a key role in the development of safe and effective microbicides. I hope that in conference, the Committee will look at these microbicides provisions, which hold great promise to save the lives of millions of women as part of a comprehensive program to stem the spread of global AIDS.

I am so pleased to be able to lend my voice in support of this critical and imperative bill. I urge my colleagues to support it.

Mr. GENE GREEN of Texas. Madam Chairman, I rise today to show my support for H.R. 5501, the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008. This important bill will aim to address the devastating effects of AIDS, malaria, and tuberculosis on our global community.

Numbers from the Joint United Nations Program on HIV/AIDS show that since AIDS was identified in 1981, about 65 million people have been infected with HIV and more than 30 million have died from AIDS. These numbers include the figures from 2005 that show more than 2 million of those living with HIV/AIDS were children and the daily infection of an estimated 1,500 children worldwide was due in large part to inadequate access to drugs that prevent the transmission from mother to child.

Additionally, programs within the Department of Health and Human Services account for 71 percent of the total amount spent, with the U.S. as the largest single contributor to the Global Fund, an independent foundation dedicated to disbursing new resources in developing countries aimed at combating AIDS, tuberculosis and malaria.

This bill will further these efforts that we started 5 years ago by raising the United States' contribution to $50 billion over the next 5 years. I am also encouraged that this bill will encourage the development of a TB vaccine.

The TB germ is constantly changing and drug resistant strains have been found in 28 countries on 6 continents, including right here in the United States, where it is estimated that 10 to 15 million people in the U.S. have latent TB. These drug resistant forms of TB have severe implications both internationally and domestically.

The World Health Organization recently released its new tuberculosis drug resistance surveillance report. The WHO found that the MDR and XDR strains of TB are at their highest levels ever. Both of these strains are far deadlier than normal TB, and are much more difficult and expensive to treat.

In fact, the Department of Homeland Security recently identified XDR–TB as an ''emerging threat to the homeland.'' For this reason, we need to devote resources to stopping this disease and developing a new vaccine is the first step. This is not a partisan issue.

Some of my colleagues might ask why an AIDS reauthorization bill should be the vehicle for doing this; there is a very simple reason. TB is the number one infectious killer among people living with HIV/AIDS, and accounts for up to half of HIV/AIDS deaths in some parts of Africa. If we do not address TB in a systematic way and work to develop a vaccine, then much of the progress that we have made on addressing HIV/AIDS globally will be undone.

Studies also show that the 10-year economic benefits of a TB vaccine that was only 75 percent effective could result in an estimated savings of $25 billion dollars. There is no denying that this is a significant amount. Our current TB vaccine, BCG, is more than 85 years old and is not compatible against pulmonary TB, which accounts for most TB cases.

This legislation is a good start in our critical battle against TB. Finally, I am happy to see that this bill will encourage public-private partnerships in combating these diseases. The Baylor Pediatric AIDS Initiative has been working in Africa for several years, and the government should work with this and similar programs to leverage the expertise that they can provide.

I support these strong health initiatives across the globe and I encourage my colleagues to do the same.

Mrs. TAUSCHER. Madam Chairman, I rise today in support of H.R. 5501, the Lantos-Hyde U.S. Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008.

The world has achieved more in the fight against HIV/AIDS in the past decade than it has since this deadly epidemic began nearly 30 years ago, due in no small part to the efforts of the President's Emergency Plan for AIDS Relief (PEPFAR), combined with Congressional enactment of the U.S. Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2003.

As a nation, we have provided care for more than 6 million HIV-infected individuals, including nearly 3 million orphans. We have prevented 150,000 infant infections by providing mother-to-child HIV transmission prevention services for more than 10 million pregnancies. And we have provided anti-retroviral drugs for nearly 1.5 million men, women, and children.

Yet in an era where 40 million men, women, and children are infected with HIV worldwide, and where infections continue at a rate of nearly 6,000 per day, U.S. global leadership on HIV/AIDS—as well as the associated diseases of TB and malaria—remains as important as ever.

I quote Stephen Lewis, the former United Nations Special Envoy for HIV/AIDS in Africa: ''the international community must now finally keep its word and mobilize for global AIDS treatment delivery . . . it is a moral imperative that global leaders and institutions keep their promises to scale up AIDS services with urgency and increased resources.''

I believe passage of H.R. 5501 displays our commitment to doing just that.

This legislation authorizes $50 billion over the next 5 years, including $41 billion for HIV/AIDS, $4 billion for tuberculosis, and $5 billion for malaria, and is designed to move these programs from the ''emergency'' phase, towards greater sustainability.

In particular, I am pleased to see a strengthened focus on the needs of women and girls, and prevention and treatment programs targeted towards this population—including, for the first time, the provision of HIV/AIDS testing and counseling services in family planning programs. I would note that concerns have been raised that the bill's language would block HIV testing and counseling services from being offered by family planning providers that are not compliant with the misguided ''global gag rule'' policy, and I hope that Congressional intent can be clarified that this is not the case.

I am also supportive of provisions that remove the requirement targeting one-third of prevention funding towards abstinence-only programs. Prevention programs must be evidence-based, rather than ideologically-based.

This legislation doubles, to $2 billion per year, the U.S. contribution to the multilateral Global Fund to Fight AIDS, Tuberculosis, and Malaria. The Global Fund, with its emphasis on stimulating a global commitment under an umbrella organization with a truly international AIDS budget, is the best chance the world has of combating this epidemic. I urge my colleagues and the President to ensure that these new authorization levels are fully funded.

Madam Chairman, I applaud the bipartisan work of the Foreign Affairs Committee, including its new Chairman, HOWARD BERMAN, and Ranking Member ILEANA ROS-LEHTINEN. I also want to recognize and commemorate the leadership of our dear friend, Congressman Tom Lantos, whose commitment to the most vulnerable people worldwide continues to be felt through our work on HIV/AIDS. I urge my colleagues to support H.R. 5501.

Mr. WAXMAN. Madam Chairman, as one of the original cosponsors of this bill, I am proud of what it represents, and I strongly urge my colleagues to support it. This five-year reauthorization tells the world that the United States is truly committed to a sustainable global response to HIV, TB, and malaria.

The bill raises our financial commitment. It authorizes the strengthening of local health systems and the training of workers, including the doctors and nurses on whom the sustainability of this program will rely.

The bill also eliminates the onerous abstinence-only spending requirement. It replaces it with a provision directing country teams to tell Congress if they spend less than half of their funds for sexual transmission on behavior change programs. This is merely a reporting requirement, and should not be understood as a restriction on country spending.

I do want to acknowledge some concerns about the bill. Many would have liked to see stronger and more inclusive language encouraging linkages to reproductive health services. I would have liked to see such language too.

There is also concern about the current requirement that recipients sign an ''anti-prostitution pledge.'' People involved in sex work are very vulnerable to HIV infection, along with many other health and social risks. But what we hear from the field is that the pledge has had the unintended consequence of making groups shy away from effective outreach programs for sex workers. They are scared of running afoul of this broad oath requirement. I'm disappointed that we weren't able to eliminate it.

While I think we've got more work to do in certain areas, I'd like to take this opportunity to comment on several elements of the bill which I believe are vitally important.

First, despite the prostitution pledge, it is unambiguous that the intent of Congress is to direct close attention to the needs of sex workers and other marginalized groups. The bill specifically directs the provision of care, treatment, and prevention services to sex workers, injection drug users, and men who have sex with men. And it requires the development of strategies for providing evidence-based prevention services to each of these populations.

This bill also makes some important refinements to the treatment program. The expansion of antiretroviral services has been a huge success. But many people still lack needed treatment. Others require more expensive second-line therapy. And while significant progress has been made in the utilization of generic drugs, some U.S. dollars are still being used to buy brand-name drugs when lower-cost generics are available.

In light of these challenges, this bill instructs the AIDS coordinator to develop mechanisms for encouraging and facilitating the purchase of safe and effective drugs at the lowest possible price. The bill also requires the coordinator to report annually on the amounts paid for generic and branded antiretroviral drugs. And it requires that information on drug pricing be shared and updated routinely, so our partners can make purchases based on the best available information.

Finally, I'd like to note that this bill puts an important new emphasis on research. While we've learned much through this program, we haven't seen a coordinated research agenda to address questions about what works and what doesn't, especially in the area of prevention. This bill mandates a detailed strategic plan for program monitoring, operational research and impact evaluation research. It also requires a strategy for maximizing the capacity of host countries to conduct their own research.

But we should not let these developments make us complacent. The most basic, but often most pressing, health needs of the world's poor aren't being met. Children are still dying for lack of clean drinking water. Women face staggering rates of morbidity and death related to pregnancy and childbirth. And people across the world succumb to disability and death from treatable, and often preventable, illnesses.

As we pass this bill today, let's not forget these other pressing health problems. I urge my colleagues to vote yes on H.R. 5501. And I hope that the lessons and successes of our global AIDS program inspire us to reinvigorate our commitment to a broader global health agenda.

Mr. VAN HOLLEN. Madam Chairman, I rise in strong support of the critical bipartisan Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008.

We have a moral obligation to address the global pandemics of HIV/AIDS, tuberculosis and malaria. It was 5 years ago that Congress took leadership to address this crisis. Today, because of Congress's actions, the United States has become the leading provider in the world of HIV/AIDS assistance, treatment, prevention and care.

AIDS continues to be the leading cause of death in sub-Saharan Africa. The United Nations estimates that 33 million people are infected with HIV worldwide, with an estimated 22 million HIV-infected people in sub-Saharan Africa. Approximately 1.6 million deaths in sub-Saharan African resulted from AIDS in 2007. This legislation reaffirms our commitment to combating this deadly epidemic by reauthorizing the 2003 law and will give more flexibility to host governments in planning, directing, and managing prevention, treatment and care programs that have been established with our assistance.

I am pleased that the bill also includes a provision that authorizes funding for U.S. contributions to research and development of a tuberculosis vaccine. Tuberculosis is a deadly epidemic that faces our planet today. Nearly 2 million people die from it each year and approximately 9 million are diagnosed with tuberculosis annually. It is the largest killer of people with HIV/AIDS, accounting for one-third of AIDS deaths alone. The current tuberculosis vaccine is more than 85 years old and is unreliable against pulmonary tuberculosis. New tuberculosis vaccines have the potential to save millions of lives and would lead to substantial cost savings.

Madam Chairman, let us honor the spirit of the two men—Chairmen Lantos and Hyde—who guided the 2003 law through this body in bipartisan manner by passing this much needed legislation to combat these deadly diseases.

Mr. MORAN of Virginia. Madam Chairman, I rise today in support of this important bill. PEPFAR-funded programs have provided lifesaving assistance in the fight against HIV/AIDS, and I welcome any expansion of this assistance. Additionally, I am pleased that we have removed the ''hard earmark'' requiring 33% of all prevention funds be spent on abstinence-only until marriage programs. Studies by GAO and the Institutes of Medicine found that the one-third earmark undermines successful HIV prevention efforts by limiting flexibility in developing countries. However, I continue to be concerned about any funds being directed towards unproven, ineffective programs using the ''abstinence-only'' approach. I worry that the new ''balanced funding'' requirement may cause mission directors and public health officials to be anxious about doing what they think Congress wants, instead of what is needed in the field. Public health experts on the ground are the ones who can best determine the mix of prevention activities, especially since what works for one culture may be disastrous for another. Even in our own country, young people who take part in abstinence-only education are less likely to use condoms. With 15,000 new HIV infections every day, the need for additional resources is clearly tremendous, and I'm extremely supportive of the goals of this important legislation, and I continue to believe that our highest priority should be funding science-based, comprehensive efforts to prevent HIV.

Ms. WATERS. Madam Chairman, I strongly support H.R. 5501, the Tom Lantos and Henry Hyde Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008. This bill authorizes $50 billion over the next five years for international health programs, including $41 billion for HIV/AIDS treatment and prevention, $4 billion for tuberculosis programs, and $5 billion for malaria programs.

I just returned from South Africa, where I received the ''OR Tambo Award,'' from South African President Thabo Mbeki. I received this award because of my efforts to end the brutal system of apartheid in South Africa and to obtain the release of South African anti-apartheid activist Nelson Mandela from prison. Apartheid was dismantled and Nelson Mandela was elected President of South Africa in 1994, when South Africa held its first democratic elections.

I was very proud to receive the OR Tambo Award because I have always been and continue to be a friend to South Africa. However, in South Africa today, the enemy is HIV/AIDS. It is estimated that 5.5 million people are living with HIV/AIDS in South Africa. That is more than any other country in the world. Over 18 percent of the adult population of South Africa is infected by HIV. Infected persons include thousands of well-educated professionals, such as doctors, nurses, civil servants and teachers.

Everywhere I went in South Africa, people told me about the terrible problem they have trying to fill professional positions. The shortage of educated professionals is a result of the fact that so many South African professionals have died of AIDS or are too sick to work.

The involvement of doctors, nurses, teachers, and other professionals is critical to stopping the spread of HIV and AIDS. That is why I am pleased that this bill includes provisions to strengthen the health care infrastructure in countries like South Africa and train at least 140,000 new health care professionals and workers for HIV/AIDS prevention, treatment and care. The bill also includes prevention funds to stop the spread of HIV and treatment funds to allow infected individuals to live productive lives and continue to serve their communities.

It is impossible to address HIV without also addressing tuberculosis. Almost 9 million people develop tuberculosis every year. At least 2.4 million are killed by the disease. According to the World Health Organization, HIV and tuberculosis form a lethal combination, each speeding the progress of the other. In the past 15 years, tuberculosis rates have doubled in Africa overall and tripled in areas with high HIV concentrations. In some areas of Africa, up to 80 percent of tuberculosis patients also test positive for HIV. This makes tuberculosis clinics an ideal location for HIV prevention, treatment, and care.

I urge all of my colleagues to support this bill and help stop the spread of HIV/AIDS, tuberculosis, and malaria in South Africa and around the world.

Mr. HOLT. Madam Chairman, I rise today in strong support of the Tom Lantos and Henry J. Hyde United States Global Leadership against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008, H.R. 5501.

This important legislation reauthorizes and expands the President's Emergency Plan for AIDS Relief (PEPFAR). I have long supported this bold initiative that has made the U.S. a leader in this critical health and moral issue of our time. PEPFAR has shown to the world our nation's vision and compassion in addressing this healthcare crisis.

Five years ago, an estimated 31 million people were living with HIV/AIDS worldwide, antiretroviral drug treatments were expensive, and approximately 8,200 people were infected with HIV/AIDS every day.

I have heard from a number of my constituents about their support for continued U.S. efforts to combat AIDS and the spread of HIV around the globe. It is obvious that Americans care. In the absence of a cure for AIDS, this worldwide epidemic continues to spread at an alarming rate.

That is why I am pleased that H.R. 5501 makes an important transition from emergency relief to the establishment of long-term and sustainable AIDS relief programs. The legislation also works to better integrate the tuberculosis and malaria programs with the HIV/AIDS programs. This is essential because in sub-Saharan Africa tuberculosis is the leading killer of individuals with HIV/AIDS.

Since the creation of this program, the United States has invested more than $19 billion to combat HIV/AIDS, tuberculosis, and malaria. The results have been striking. By the end of 2007, the United States had helped provide anti-retroviral drug treatments to approximately 1.5 million people with AIDS, supported care for 6.6 million—including 2.7 million orphans and vulnerable children—and

helped to prevent more than 157,000 infant infections.

H.R. 5501 greatly expands our efforts abroad by authorizing a total of $50 billion over five years. This total includes $41 billion for HIV/AIDS programs, $5 billion for malaria programs, and $4 billion for tuberculosis programs. This dramatic increase in funding will help partner countries continue to identify and meet targets for treatment and prevention. Additionally, the funding will help build and strengthen the existing health systems in host countries.

While I support the underlying bill, I do have some concern about one specific issue. I have long been concerned by the restrictions placed on how PEPFAR funds can be spent. I have opposed the requirement that one-third of the funds be spent on abstinence-only education because it has not proven to be a successful way to prevent the spread of HIV/AIDS. A report by the Government Accountability Office found that this restriction tied the local hands of public health workers.

I believe that PEPFAR funds should be spent on the most effective HIV/AIDS treatment and prevention strategies available. That is why I am pleased that H.R. 5501 removes the requirement that one-third of the funds be spent on abstinence education. As this bill works through the legislative process, I hope that any language in the bill that might be interpreted to limit funding to programs that are compliant with the global gag rule be removed.

Madam Chairman, our country has done more to end the spread of HIV/AIDS in the last five years than any nation in the history of the world. We must continue. This bill represents a reasonable expansion of our efforts and makes the important transition to permanent HIV/AIDS relief. I urge my colleagues to support this investment in the health of our global community and in the fight against HIV/AIDS.

Mr. BERMAN. Madam Chairman, I yield back the balance of my time.

The CHAIRMAN. All time for general debate has expired.

Pursuant to the rule, the bill shall be considered read for amendment under the 5-minute rule.

The text of the bill is as follows:

H.R. 5501

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE AND TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008''.

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

SEC. 2. FINDINGS.

Section 2 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7601) is amended by adding at the end the following:

''(29) The HIV/AIDS pandemic continues to pose a major threat to the health of the global community, from the most severely-affected regions of sub-Saharan Africa and the Caribbean, to the emerging epidemics of Eastern Europe, Central Asia, South and Southeast Asia, and Latin America.

''(30) According to UNAIDS' 2007 global estimates, there are 33.2 million individuals with HIV/AIDS worldwide, including 2.5 million people newly-infected with HIV. Of those infected with HIV, 2.5 million are children under 15 who also account for 460,000 of the newly-infected individuals.

''(31) Sub-Saharan Africa continues to be the region most affected by the HIV/AIDS pandemic. More than 68 percent of adults and nearly 90 percent of children with HIV/AIDS live in sub-Saharan Africa, and more than 76 percent of AIDS deaths in 2007 occurred in sub-Saharan Africa.

''(32) Although sub-Saharan Africa carries the heaviest disease burden of HIV/AIDS, the HIV/AIDS pandemic continues to affect virtually every world region. While prevalence rates are relatively low in Eastern Europe, Central Asia, South and Southeast Asia, and Latin America, without effective prevention strategies, HIV prevalence rates could rise quickly in these regions.

''(33) By world region, according to UNAIDS' 2007 global estimates—

''(A) in sub-Saharan Africa, there were 22.5 million adults and children infected with HIV, up from 20.9 million in 2001, with 1.7 million new HIV infections, a 5 percent prevalence rate, and 1.6 million deaths;

''(B) in South and Southeast Asia, there were 4 million adults and children infected with HIV, up from 3.5 million in 2001, with 340,000 new HIV infections, a 0.3 percent prevalence rate, and 270,000 deaths;

''(C) in East Asia, there were 800,000 adults and children infected with HIV, up from 420,000 in 2001, with 92,000 new HIV infections, a 0.1 percent prevalence rate, and 32,000 deaths;

''(D) in Eastern and Central Europe, there were 1.6 million adults and children infected with HIV, up from 630,000 in 2001, with 150,000 new HIV infections, a 0.9 percent prevalence rate, and 55,000 deaths; and

''(E) in the Caribbean, there were 230,000 adults and children infected with HIV, up from 190,000 in 2001, with 17,000 new HIV infections, a 1 percent prevalence rate, and 11,000 deaths.

''(34) Tuberculosis is the number one killer of individuals with HIV/AIDS and is responsible for up to one-half of HIV/AIDS deaths in Africa.

''(35) The wide extent of drug resistant tuberculosis, including both multi-drug resistant tuberculosis (MDR–TB) and extensively drug resistant tuberculosis (XDR–TB), driven by the HIV/AIDS pandemic in sub-Saharan Africa, has hampered both HIV/AIDS and tuberculosis treatment services. The World Health Organization (WHO) has declared the prevalence of tuberculosis to be at emergency levels in sub-Saharan Africa.

''(36) Forty percent of the world's population, mostly poor, live in malarial zones, and malaria, which is highly preventable, kills more than 1 million individuals worldwide each year. Ninety percent of malaria's victims are in sub-Saharan Africa and 70 percent of malaria's victims are children under the age of 5. Additionally, hunger and malnutrition kill another 6 million individuals worldwide each year.

''(37) Assistance to combat HIV/AIDS must address the nutritional factors associated with the disease in order to be effective and sustainable. The World Food Program estimates that 6.4 million individuals affected by HIV will need nutritional support by 2008.

''(38) Women and girls continue to be vulnerable to HIV, in large part, due to gender-based cultural norms that leave many women and girls powerless to negotiate social relationships.

''(39) Women make up 50 percent of individuals infected with HIV worldwide. In sub-Saharan Africa, where the HIV/AIDS epidemic is most severe, women make up 57 percent of individuals infected with HIV, and 75 percent of young people infected with HIV in sub-Saharan Africa are young women ages 15 to 24.

''(40) Women and girls are biologically, socially, and economically more vulnerable to HIV infection. Gender disparities in the rate of HIV infection are the result of a number of factors, including the following:

''(A) Cross-generational sex with older men who are more likely to be infected with HIV, and a lack of choice regarding when and whom to marry, leading to early marriages and high rates of child marriages with older men. About one-half of all adolescent females in sub-Saharan Africa and two-thirds of adolescent females in Asia are married by age 18.

''(B) Studies show that married women and married and unmarried girls often are unable or find it difficult to negotiate the frequency and timing of sexual intercourse, ensure their partner's faithfulness, or insist on condom use. Under these circumstances, women often run the risk of being infected by husbands or male partners in societies where men in relationships have more than one partner. Behavior change is particularly important in societies in which this is a common practice.

''(C) Because young married women and girls are more likely to have unprotected sex and have more frequent sex than their unmarried peers, and women and girls who are faithful to their spouses can be placed at risk of HIV/AIDS through a husband's infidelity or prior infection, marriage is not always a guarantee against HIV infection, although it is a protective factor overall.

''(D) Social and economic inequalities based largely on gender limit access for women and girls to education and employment opportunities and prevent them from asserting their inheritance and property rights. For many women, a lack of independent economic means combines with socio-cultural practices to sustain and exacerbate their fear of abandonment, eviction, or ostracism from their homes and communities and can leave many more women trapped within relationships where they are vulnerable to HIV infection.

''(E) A lack of educational opportunities for women and girls is linked to younger sexual debut, earlier childhood marriage, earlier childbearing, decreased child survival, worsening nutrition, and increased risk of HIV infection.

''(F) High rates of gender-based violence, rape, and sexual coercion within and outside marriage contribute to high rates of HIV infection. According to the World Health Organization, between one-sixth and three-quarters of women in various countries and settings have experienced some form of physical or sexual violence since the age of 15 within or outside of marriage. Women who are unable to protect themselves from such violence are often unable to protect themselves from being infected with HIV through forced sexual contact.

''(G) Fear of domestic violence and the continuing stigma and discrimination associated with HIV/AIDS prevent many women from accessing information about HIV/AIDS, getting tested, disclosing their HIV status, accessing services to prevent mother-to-child transmission of HIV, or receiving treatment and counseling even when they already know they have been infected with HIV.

''(H) According to UNAIDS, the vulnerability of individuals involved in commercial sex acts to HIV infection is heightened by stigmatization and marginalization, limited economic options, limited access to health, social, and legal services, limited access to information and prevention means, gender-related differences and inequalities, sexual exploitation and trafficking, harmful or non-protective laws and policies, and exposure to risks associated with commercial sex acts, such as violence, substance abuse, and increased mobility.

''(I) Lack of access to basic HIV prevention information and education and lack of coordination with existing primary health care to reduce stigma and maximize coverage.

''(J) Lack of access to currently available female-controlled HIV prevention methods, such as the female condom, and lack of training on proper use of either male or female condoms.

''(K) High rates of other sexually transmitted infections and complications during pregnancies and childbirth.

''(L) An absence of functioning legal frameworks to protect women and girls and, where such frameworks exist, the lack of accountable and effective enforcement of such frameworks.

''(41) In addition to vulnerabilities to HIV infection, women in sub-Saharan Africa face a 1-in-13 chance of dying in childbirth compared to a 1-in-16 chance in least-developed countries worldwide, a 1-in-60 chance in developing countries, and a 1-in-4,100 chance in developed countries.

''(42) Due to these high maternal mortality rates and high HIV prevalence rates in certain countries, special attention is needed in these countries to help HIV-positive women safely deliver healthy babies and save women's lives.

''(43) Unprotected sex within or outside of marriage is the single greatest factor in the transmission of HIV worldwide and is responsible for 80 percent of new HIV infections in sub-Saharan Africa.

''(44) Multiple randomized controlled trials have established that male circumcision reduces a man's risk of contracting HIV by 60 percent or more. Twelve acceptability studies have found that in regions of sub-Saharan Africa where circumcision is not traditionally practiced, a majority of men want the procedure. Broader availability of male circumcision services could prevent millions of HIV infections not only in men but also in their female partners.

''(45)(A) Youth also face particular challenges in receiving services for HIV/AIDS.

''(B) Nearly one-half of all orphans who have lost one parent and two-thirds of those who have lost both parents are ages 12 to 17. These orphans are in particular need of services to protect themselves against sexually-transmitted infections, including HIV.

''(C) Research indicates that many youth benefit from full disclosure of medically accurate, age-appropriate information about abstinence, partner reduction, and condoms. Providing comprehensive information about HIV, including delay of sexual debut and the ABC model: 'Abstain, Be faithful, use Condoms', and linking such information to health care can help improve awareness of safe sex practices and address the fact that only 1 in 3 young men and 1 in 5 young women ages 15 to 24 can correctly identify ways to prevent HIV infection.

''(D) Surveys indicate that no country has succeeded in fully educating more than one-half of its youth about the prevention and transmission of HIV.

''(46) According to the United Nations High Commissioner for Refugees (UNHCR), HIV/AIDS prevalence rates among refugees are generally lower than the HIV/AIDS prevalence rates for their host communities, though perceptions run counter to this fact. However, peacekeeping operations that no longer deploy HIV/AIDS-positive troops still face vulnerabilities to sexual transmission of HIV with HIV-positive individuals in refugee camps. Host countries generally do not provide HIV/AIDS prevention, treatment, and care services for refugees.

''(47) Continuing progress to reach the millions of impoverished individuals who need voluntary testing, counseling, treatment, and care for HIV/AIDS requires increased efforts to strengthen health care delivery systems and infrastructure, rebuild and expand the health care workforce, and strengthen allied and support services in countries receiving United States global HIV/AIDS assistance.

''(48) While HIV/AIDS poses the greatest health threat of modern times, it also poses the greatest development challenge for developing countries with fragile economies and weak public financial management systems that are ill equipped to shoulder the burden of this disease. International donors will have to play a critical role in providing resources for HIV/AIDS programs far into the future.

''(49) The emerging partnerships between countries most affected by HIV/AIDS and the United States must include stronger coordination between HIV/AIDS programs and other United States foreign assistance programs, and stronger collaboration with other donors in the areas of economic development and growth strategies.

''(50) The future control of HIV/AIDS demands coordination between international organizations such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNAIDS, the World Health Organization (WHO), the World Bank and the International Monetary Fund (IMF), the international donor community, national governments, and private sector organizations, including community and faith-based organizations.

''(51) The future control of HIV/AIDS further requires effective and transparent public finance management systems in developing countries to advance the ability of such countries to manage public revenues and donor funds aimed at combating HIV/AIDS and other diseases.

''(52) The HIV/AIDS pandemic contributes to the shortage of health care personnel through loss of life and illness, unsafe working conditions, increased workloads for diminished staff, and resulting stress and burnout, while the shortage of health care personnel undermines efforts to prevent and provide care and treatment for individuals with HIV/AIDS.

''(53) The shortage of health care personnel, including doctors, nurses, pharmacists, counselors, laboratory staff, paraprofessionals, trained lay workers, and researchers is one of the leading obstacles to combating HIV/AIDS in sub-Saharan Africa.

''(54) Since 2003, important progress has been made in combating HIV/AIDS, yet there is more to be done. The number of new HIV infections is still increasing at an alarming rate. According to the United States National Institute of Allergy and Infectious Diseases, globally, for every 1 individual put on antiretroviral therapy, 6 individuals are newly infected with HIV.

''(55) The United States Government continues to be the world's leader in the fight against HIV/AIDS and the unsurpassed partner with developing countries in their efforts to control this disease.

''(56) By September 2007, the United States, through the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7601 et seq.), had provided services to prevent mother-to-child-transmission of HIV to women during 10 million pregnancies; provided antiretroviral prophylaxis for women during over 827,300 pregnancies; prevented an estimated 157,240 HIV infections in infants; cared for over 6.6 million individuals, including over 2.7 million orphans and vulnerable children; supported lifesaving antiretroviral therapies for approximately 1.4 million men, women, and children in sub-Saharan Africa, Asia, and the Carribean; and provided counseling and testing to over 33.7 million men, women, and children in developing countries.

''(57) These numbers were achieved because of the commitment of substantial resources and support of the United States Government to our partners on the front lines—the dedicated and committed women and men, communities, and nations who are taking control of the HIV/AIDS epidemics in their own countries.''.

SEC. 3. DEFINITIONS.

Section 3(2) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7602(2)) is amended by striking ''Committee on International Relations'' and inserting ''Committee on Foreign Affairs''.

SEC. 4. PURPOSE.

Section 4 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7603) is amended to read as follows:

''SEC. 4. PURPOSE.

''The purpose of this Act is to strengthen and enhance United States global leadership

and the effectiveness of the United States response to the HIV/AIDS, tuberculosis, and malaria pandemics and other related and preventable infectious diseases in developing countries by—

''(1) establishing a comprehensive, integrated five-year, global strategy to fight HIV/AIDS, tuberculosis, and malaria that encompasses a plan for continued expansion and coordination of critical programs and improved coordination among relevant executive branch agencies and between the United States and foreign governments and international organizations;

''(2) providing increased resources for United States bilateral efforts to combat HIV/AIDS, tuberculosis, and malaria, particularly for prevention, treatment, and care (including nutritional support), technical assistance and training, the strengthening of health care systems, health care workforce development, monitoring and evaluations systems, and operations research;

''(3) providing increased resources for multilateral efforts to combat HIV/AIDS, tuberculosis, and malaria;

''(4) encouraging the expansion of private sector efforts and expanding public-private sector partnerships to combat HIV/AIDS; and

''(5) intensifying efforts to support the development of vaccines, microbicides, and other prevention technologies and improved diagnostics treatment for HIV/AIDS, tuberculosis, and malaria.''.

TITLE I—POLICY PLANNING AND COORDINATION

SEC. 101. DEVELOPMENT OF A COMPREHENSIVE, FIVE-YEAR, GLOBAL STRATEGY.

(a) STRATEGY.—Subsection (a) of section 101 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7611) is amended—

(1) in the first sentence of the matter preceding paragraph (1), by striking ''to combat'' and inserting ''to develop efforts further to combat'';

(2) by amending paragraph (4) to read as follows:

''(4) provide that the reduction of HIV/AIDS behavioral risks shall be a priority of all prevention efforts in terms of funding, scientifically-accurate educational services, and activities by—

''(A) designing prevention strategies and programs based on sound epidemiological evidence, tailored to the unique needs of each country and community, and reaching those populations found to be most at risk for acquiring HIV infection;

''(B) promoting abstinence from sexual activity and substance abuse;

''(C) encouraging delay of sexual debut, monogamy, fidelity, and partner reduction;

''(D) promoting the effective use of male and female condoms;

''(E) promoting the use of measures to reduce the risk of HIV transmission for discordant couples (where one individual has HIV/AIDS and the other individual does not have HIV/AIDS or whose status is unknown);

''(F) educating men and boys about the risks of procuring sex commercially and about the need to end violent behavior toward women and girls;

''(G) promoting the rapid expansion of safe and voluntary male circumcision services;

''(H) promoting life skills training and development for children and youth;

''(I) supporting advocacy for child and youth community-based protective social services;

''(J) eradicating trafficking in persons and creating alternatives to prostitution;

''(K) promoting cooperation with law enforcement to prosecute offenders of trafficking, rape, and sexual assault crimes with the goal of eliminating such crimes;

''(L) promoting services demonstrated to be effective in reducing the transmission of HIV infection among injection drug users without increasing illicit drug use;

''(M) promoting policies and programs to end the sexual exploitation of and violence against women and children; and

''(N) promoting prevention and treatment services for men who have sex with men;'';

(3) by redesignating paragraphs (5) through (10) as paragraphs (6) through (11), respectively;

(4) by inserting after paragraph (4) (as amended by paragraph (2) of this subsection) the following:

''(5) include specific plans for linkage to, and referral systems for nongovernmental organizations that implement multisectoral approaches, including faith-based and community-based organizations, for—

''(A) nutrition and food support for individuals with HIV/AIDS and affected communities;

''(B) child health services and development programs;

''(C) HIV/AIDS prevention and treatment services for injection drug users;

''(D) access to HIV/AIDS education and testing in family planning and maternal health programs supported by the United States Government; and

''(E) medical, social, and legal services for victims of violence;'';

(5) by redesignating paragraphs (10) and (11) (as redesignated by paragraph (3) of this subsection) as paragraphs (11) and (12), respectively; and

(6) by inserting after paragraph (9) (as redesignated by paragraph (3) of this subsection) the following:

''(10) maximize host country capacities in training and research, particularly operations research;''.

(b) REPORT.—Subsection (b) of such section is amended—

(1) in paragraph (1), by striking ''this Act'' and inserting ''the Tom Lantos and Henry J. Hyde Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008''; and

(2) in paragraph (3)—

(A) by amending subparagraph (C) to read as follows:

''(C) A description of the manner in which the strategy will address the following:

''(i) The fundamental elements of prevention and education, care and treatment, including increasing access to pharmaceuticals, vaccines, and microbicides, as they become available, screening, prophylaxis, and treatment of major opportunistic infections, including tuberculosis, and increasing access to nutrition and food for individuals on antiretroviral therapies.

''(ii) The promotion of delay of sexual debut, abstinence, monogamy, fidelity, and partner reduction.

''(iii) The promotion of correct and consistent use of male and female condoms and other strategies and skills development to reduce the risk of HIV transmission.

''(iv) Increasing voluntary access to safe male circumcision services.

''(v) Life-skills training.

''(vi) The provision of information and services to encourage young people to delay sexual debut and ensure access to HIV/AIDS prevention information and services.

''(vii) Prevention of sexual violence leading to transmission of HIV and assistance for victims of violence who are at risk of HIV transmission.

''(viii) HIV/AIDS prevention, care, and treatment services for injection drug users.

''(ix) Research, including incentives for HIV vaccine development and new protocols.

''(x) Advocacy for community-based child and youth protective services.

''(xi) Training of health care workers.

''(xii) The development of health care infrastructure and delivery systems.

''(xiii) Prevention efforts for substance abusers.

''(xiv) Prevention, treatment, care, and outreach efforts for men who have sex with men.'';

(B) in subparagraph (D), by adding at the end before the period the following: '', including through faith-based and other nongovernmental organizations'';

(C) in subparagraph (E), by inserting ''access to HIV/AIDS education and testing in family planning and maternal and child health programs supported by the United States Government and'' after ''the unique needs of women, including'';

(D) in subparagraph (F), by inserting ''(including by accessing voluntary clinical circumcision services)'' after ''in their sexual behavior'';

(E) in subparagraph (G), by inserting ''and men's'' after ''women's'';

(F) by redesignating subparagraphs (M) through (W) as subparagraphs (N) through (X);

(G) by inserting after subparagraph (L) the following:

''(M) A description of efforts to be undertaken to strengthen the public finance management systems of selected host countries to ensure transparent, efficient, and effective management of national and donor financial investments in health.'';

(H) in subparagraph (O) (as redesignated by subparagraph (F) of this paragraph), by striking ''evaluating programs,'' and inserting ''evaluating programs to ensure medical accuracy, operations research,'';

(I) in subparagraph (Q) (as redesignated by subparagraph (F) of this paragraph), by inserting '', strengthen national health care delivery systems, and increase national health workforce capacities,'' after ''HIV/AIDS pandemic'';

(J) in subparagraph (R) (as redesignated by subparagraph (F) of this paragraph), by inserting at the end before the period the following: '', including strategies relating to agricultural development, trade and economic growth, and education'';

(K) in subparagraph (T) (as redesignated by subparagraph (F) of this paragraph), by inserting ''efforts of intergenerational caregivers and'' after '', including'';

(L) by redesignating subparagraphs (V) through (X) (as redesignated by subparagraph (F) of this paragraph), as subparagraphs (W) through (Y), respectively;

(M) by inserting after subparagraph (U) (as redesignated by subparagraph (F) of this paragraph) the following:

''(V) A plan to strengthen and implement health care workforce strategies to enable countries to increase the supply and retention of all cadres of trained professional and paraprofessional health care workers by numbers that move toward global health program needs and toward targets established by the World Health Organization, while enabling health systems to expand coverage consistent with national and international targets and goals.''; and

(N) by striking subparagraph (Y) (as redesignated by subparagraphs (F) and (L) of this paragraph) and inserting the following:

''(Y) A description of the specific strategies, developed in coordination with existing health programs, to prevent mother-to-child transmission of HIV, including the extent to which HIV-positive women and men in treatment, care, and support programs and HIV-negative women and men are counseled

about methods of preventing HIV transmission and the extent to which HIV prevention methods are provided on-site or by referral in treatment, care, and support programs.

''(Z) A description of the specific strategies developed to maximize the capacity of health care providers, including faith-based and other nongovernmental organizations, and family planning providers supported by the United States Government to ensure access to necessary and comprehensive information about reducing sexual transmission of HIV among women, men, and young people, including strategies to ensure HIV/AIDS prevention training for such providers.

''(AA) A strategy to work with international and host country partners toward universal access to HIV/AIDS prevention, treatment, and care programs.''.

(c) STRATEGIC PLAN FOR PROGRAM MONITORING, OPERATIONS RESEARCH, AND IMPACT EVALUATION RESEARCH.—

(1) IN GENERAL.—Not later than 1 year after the date of the enactment of this Act, the Coordinator of United States Government Activities to Combat HIV/AIDS Globally shall develop a 5-year strategic plan for program monitoring, operations research, and impact evaluation research of United States HIV/AIDS, tuberculosis, and malaria programs.

(2) ELEMENTS OF PLAN.—The strategic plan developed under this subsection shall include—

(A) the amount of funding provided for program monitoring, operations research, and impact evaluation research under sections 104A, 104B, and 104C of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b–2, 2151b–3, and 2151b–4) and the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7601 et seq.) available through fiscal year 2009;

(B) strategies to—

(i) improve the efficiency, effectiveness, quality, and accessibility of services provided under the provisions of law described in subparagraph (A);

(ii) establish the cost-effectiveness of program models;

(iii) ensure the transparency and accountability of services provided under the provisions of law described in subparagraph (A);

(iv) disseminate and promote the utilization of evaluation findings, lessons, and best practices in services provided under the provisions of law described in subparagraph (A); and

(v) encourage and evaluate innovative service models and strategies to optimize the delivery of care, treatment, and prevention programs financed by the United States Government;

(C) priorities for program monitoring, operations research, and impact evaluation research and a time line for completion of activities associated with such priorities; and

(D) other information that the Coordinator determines to be necessary.

(3) CONSULTATION.—In developing the strategic plan under this subsection and implementing, disseminating, and promoting the use of program monitoring, operations research, and impact evaluation research, the Coordinator shall consult with representatives of relevant executive branch agencies, other appropriate executive branch agencies, multilateral institutions involved in providing HIV/AIDS assistance, nongovernmental organizations involved in implementing HIV/AIDS programs, and the governments of host countries.

(4) DEFINITIONS.—In this subsection—

(A) the terms ''program monitoring'', ''operations research'', and ''impact evaluation research'', have the meanings given such terms in section 104A(d)(4)(B) of the Foreign Assistance Act of 1961 (as added by section 301(a)(4)(C) of this Act); and

(B) the term ''relevant executive branch agencies'' has the meaning given the term in section 3 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7602).

SEC. 102. HIV/AIDS RESPONSE COORDINATOR.

Section 1(f)(2) of the State Department Basic Authorities Act of 1956 (22 U.S.C. 2651a(f)(2)) is amended—

(1) in subparagraph (A)—

(A) in the matter preceding clause (i), by inserting '', host country finance, health, and other relevant ministries'' after ''community-based organizations)''; and

(B) in clause (iii), by inserting ''and host country finance, health, and other relevant ministries'' after ''community-based organizations)''; and

(2) in subparagraph (B)(ii)—

(A) by striking subclauses (IV) and (V) and inserting the following:

''(IV) Establishing an interagency working group on HIV/AIDS that is comprised of, but not limited to, representatives from the United States Agency for International Development, the Department of Health and Human Services (including the Centers for Disease Control and Prevention, the National Institutes of Health, and the Health Resources and Services Administration), the Department of Labor, the Department of Agriculture, the Millennium Challenge Corporation, the Department of Defense, and the Office of the Coordinator of United States Government Activities to Combat Malaria Globally, for the purposes of coordination of activities relating to HIV/AIDS. The interagency working group shall—

''(aa) meet regularly to review progress in host countries toward HIV/AIDS prevention, treatment, and care objectives;

''(bb) participate in the process of identifying countries in need of increased assistance based on the epidemiology of HIV/AIDS in those countries; and

''(cc) review policies that may be obstacles to reaching objectives set forth for HIV/AIDS prevention, treatment, and care.

''(V) Coordinating overall United States HIV/AIDS policy and programs with efforts led by host countries and with the assistance provided by other relevant bilateral and multilateral aid agencies and other donor institutions to achieve complementarity with other programs aimed at improving child and maternal health, and food security, promoting education, and strengthening health care systems.'';

(B) by redesignating subclauses (VII) and (VIII) as subclauses (IX) and (X), respectively;

(C) by inserting after subclause (VI) the following:

''(VII) Holding annual consultations with host country nongovernmental organizations providing services to improve health, and advocating on behalf of the individuals with HIV/AIDS and those at particular risk of contracting HIV/AIDS.

''(VIII) Ensuring, through interagency and international coordination, that United States HIV/AIDS programs are coordinated with and complementary to the delivery of related global health, food security, and education services, including—

''(aa) maternal and child health care;

''(bb) services for other neglected and easily preventable and treatable infectious diseases, such as tuberculosis;

''(cc) treatment and care services for injection drug users; and

''(dd) programs and services to improve legal, social, and economic status of women and girls.'';

(D) in subclause (IX) (as redesignated by subparagraph (B) of this paragraph)—

(i) by inserting ''Vietnam, Antigua and Barbuda, the Bahamas, Barbados, Belize, Dominica, Grenada, Jamaica, Montserrat, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Saint Lucia, Suriname, Trinidad and Tobago, the Dominican Republic'' after ''Zambia,'';

(ii) by adding at the end before the period the following: ''and other countries in which the United States is implementing HIV/AIDS programs''; and

(iii) by adding at the end the following: ''In designating countries under this subclause, the President shall give priority to those countries in which there is a high prevalence of HIV/AIDS and countries with large populations that have a concentrated HIV/AIDS epidemic.'';

(E) by redesignating subclause (X) (as redesignated by subparagraph (B) of this paragraph) as subclause (XII);

(F) by inserting after subclause (IX) (as redesignated by subparagraph (B) and amended by subparagraph (D) of this paragraph) the following:

''(X) Working, in partnership with host countries in which the HIV/AIDS epidemic is prevalent among injection drug users, to establish, as a national priority, national HIV/AIDS prevention programs, including education, and services demonstrated to be effective in reducing the transmission of HIV infection among injection drug users without increasing drug use.

''(XI) Working, in partnership with host countries in which the HIV/AIDS epidemic is prevalent among individuals involved in commercial sex acts, to establish, as a national priority, national prevention programs, including education, voluntary testing, and counseling, and referral systems that link HIV/AIDS programs with programs to eradicate trafficking in persons and create alternatives to prostitution.'';

(G) in subclause (XII) (as redesignated by subparagraphs (B) and (E) of this paragraph), by striking ''funds section'' and inserting ''funds appropriated pursuant to the authorization of appropriations under section 401 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 for HIV/AIDS assistance''; and

(H) by adding at the end the following:

''(XIII) Publicizing updated drug pricing data to inform pharmaceutical procurement partners' purchasing decisions.

''(XIV) Working in partnership with host countries in which the HIV/AIDS epidemic is prevalent among men who have sex with men, to establish, as a national priority, national HIV/AIDS prevention programs, including education and services demonstrated to be effective in reducing the transmission of HIV among men who have sex with men.''.

TITLE II—SUPPORT FOR MULTILATERAL FUNDS, PROGRAMS, AND PUBLIC-PRIVATE PARTNERSHIPS

SEC. 201. SENSE OF CONGRESS ON PUBLIC-PRIVATE PARTNERSHIPS.

Section 201(a) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7621(a)) is amended—

(1) in paragraph (2), by striking ''infectious diseases'' and inserting ''easily preventable and treatable infectious diseases''; and

(2) in paragraph (4), by striking ''infectious diseases'' and inserting ''easily preventable and treatable infectious diseases''.

SEC. 202. PARTICIPATION IN THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA.

(a) FINDINGS.—Subsection (a) of section 202 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7622) is amended—

(1) by redesignating paragraphs (1) through (3) as paragraphs (7) through (9), respectively; and

(2) by inserting before paragraph (7) (as redesignated by paragraph (1) of this subsection) the following:

''(1) The Global Fund to Fight AIDS, Tuberculosis and Malaria is the multilateral component of this Act, extending United States efforts to a total of 136 countries around the world.

''(2) Created in 2002, the Global Fund has played a leading role in the fight against HIV/AIDS, tuberculosis, and malaria around the world and has grown into an organization that currently provides nearly a quarter of all international financing to combat HIV/AIDS and two-thirds of all international financing to combat tuberculosis and malaria.

''(3) By 2010, it is estimated that the demand for funding by the Global Fund will grow in size to between $6 and $8 billion annually, requiring significant contributions from donors around the world, including at least $2 billion annually from the United States.

''(4) The Global Fund is an innovative financing mechanism to combat HIV/AIDS, tuberculosis, and malaria, and has made progress in many areas.

''(5) The United States Government is the largest supporter of the Global Fund, both in terms of resources and technical support.

''(6) The United States made the initial contribution to the Global Fund and is fully committed to its success.''.

(b) UNITED STATES FINANCIAL PARTICIPATION.—

(1) AUTHORIZATION OF APPROPRIATIONS.—Subsection (d)(1) of such section is amended—

(A) by striking ''$1,000,000,000'' and inserting ''$2,000,000,000'';

(B) by striking ''for the period of fiscal year 2004 beginning on January 1, 2004,'' and inserting ''for each of the fiscal years 2009 and 2010,''; and

(C) by striking ''the fiscal years 2005–2008'' and inserting ''each of the fiscal years 2011 through 2013''.

(2) LIMITATION.—Subsection (d)(4) of such section is amended—

(A) in subparagraph (A)—

(i) in clause (i), by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013'';

(ii) in clause (ii), by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013''; and

(iii) in clause (vi)—

(I) by striking ''for the purposes'' and inserting ''For the purposes'';

(II) by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013''; and

(III) by striking ''fiscal year 2004'' and inserting ''fiscal year 2009'';

(B) in subparagraph (B)(iv)—

(i) by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013''; and

(ii) by adding at the end before the period the following: '', unless such amount is made available for more than one fiscal year, in which case such amount is authorized to be made available for such purposes after December 31 of the fiscal year following the fiscal year in which such funds first became available.''; and

(C) in subparagraph (C)(ii) by striking ''Committee on International Relations'' and inserting ''Committee on Foreign Affairs''.

(3) STATEMENT OF POLICY.—The following shall be the policy of the United States:

(A) Support for the Global Fund to Fight AIDS, Tuberculosis and Malaria should be based upon achievement of the following benchmarks related to transparency and accountability:

(i) As recommended by the Government Accountability Office, the Fund Secretariat has established standardized expectations for the performance of Local Fund Agents (LFAs), is undertaking a systematic assessment of the performance of LFAs, and is making available for public review, according to the Fund Board's policies and practices on disclosure of information, a regular collection and analysis of performance data of Fund grants, which shall cover both Principal Recipients and sub-recipients.

(ii) A well-staffed, independent Office of the Inspector General reports directly to the Board and is responsible for regular, publicly published audits of both financial and programmatic and reporting aspects of the Fund, its grantees, and LFAs.

(iii) The Fund Secretariat has established and is reporting publicly on standard indicators for all program areas.

(iv) The Fund Secretariat has established a database that tracks all subrecipients and the amounts of funds disbursed to each, as well as the distribution of resources, by grant and Principal Recipient, for prevention, care, treatment, the purchases of drugs and commodities, and other purposes.

(v) The Fund Board has established a penalty to offset tariffs imposed by national governments on all goods and services provided by the Fund.

(vi) The Fund Board has successfully terminated its Administrative Services Agreement with the World Health Organization and completed the Fund Secretariat's transition to a fully independent status under the Headquarters Agreement the Fund has established with the Government of Switzerland.

(B) Support for the Global Fund to Fight AIDS, Tuberculosis and Malaria should be based upon achievement of the following benchmarks related to the founding principles of the Fund:

(i) The Fund must maintain its status as a financing institution.

(ii) The Fund must remain focused on programs directly related to HIV/AIDS, malaria, and tuberculosis.

(iii) The Fund must maintain its Comprehensive Funding Policy, which requires confirmed pledges to cover the full amount of new grants before the Board approves them.

(iv) The Fund must maintain and make progress on sustaining its multisectoral approach, through Country Coordinating Mechanisms (CCMs) and in the implementation of grants, as reflected in percent and resources allocated to different sectors, including governments, civil society, and faith- and community-based organizations.

(4) SENSE OF CONGRESS.—Congress—

(A) notes that section 625 of Public Law 110–161 establishes a requirement to withhold 20 percent of funds appropriated for the Global Fund if the Global Fund fails to meet certain benchmarks; and

(B) will continue to review the implementation of the benchmarks to ensure accountability and transparency of the Global Fund.

SEC. 203. VOLUNTARY CONTRIBUTIONS TO INTERNATIONAL VACCINE FUNDS.

(a) VACCINE FUND.—Subsection (k) of section 302 of the Foreign Assistance Act of 1961 (22 U.S.C. 2222) is amended by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013''.

(b) INTERNATIONAL AIDS VACCINE INITIATIVE.—Subsection (l) of such section is amended by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013''.

(c) MALARIA VACCINE DEVELOPMENT PROGRAMS.—Subsection (m) of such section is amended by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013''.

(d) RESEARCH AND DEVELOPMENT OF A TUBERCULOSIS VACCINE.—Such section is further amended by adding at the end the following:

''(n) In addition to amounts otherwise available under this section, there are authorized to be appropriated to the President such sums as may be necessary for each of the fiscal years 2009 through 2013 to be available for United States contributions to research and development of a tuberculosis vaccine.''.

SEC. 204. PROGRAM TO FACILITATE AVAILABILITY OF MICROBICIDES TO PREVENT TRANSMISSION OF HIV AND OTHER DISEASES.

(a) STATEMENT OF POLICY.—Congress recognizes the need and urgency to expand the range of interventions for preventing the transmission of human immunodeficiency virus (HIV), including nonvaccine prevention methods that can be controlled by women.

(b) PROGRAM AUTHORIZED.—The Administrator of the United States Agency for International Development, in coordination with the Coordinator of United States Government Activities to Combat HIV/AIDS Globally, shall develop and implement a program to facilitate wide-scale availability of microbicides that prevent the transmission of HIV after such microbicides are proven safe and effective.

(c) AUTHORIZATION OF APPROPRIATIONS.—Of the amounts authorized to be appropriated under section 401 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7671) for HIV/AIDS assistance, there are authorized to be appropriated to the President such sums as may be necessary for each of the fiscal years 2009 through 2013 to carry out this section.

SEC. 205. PLAN TO COMBAT HIV/AIDS, TUBERCULOSIS, AND MALARIA BY STRENGTHENING HEALTH POLICIES AND HEALTH SYSTEMS OF HOST COUNTRIES.

(a) IN GENERAL.—Title II of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7621 et seq.) is amended by adding at the end the following:

''SEC. 204. PLAN TO COMBAT HIV/AIDS, TUBERCULOSIS, AND MALARIA BY STRENGTHENING HEALTH POLICIES AND HEALTH SYSTEMS OF HOST COUNTRIES.

''(a) FINDINGS.—Congress makes the following findings:

''(1) One of the most significant barriers to achieving universal access to HIV/AIDS treatment and prevention in developing countries is the lack of health infrastructure, particularly in sub-Saharan Africa.

''(2) In addition to HIV/AIDS programs, other treatable and preventable infectious diseases could be treated concurrently and easily if health care delivery systems in developing countries were significantly improved.

''(3) More public investment in basic primary health care should be a priority in public spending in developing countries.

''(b) STATEMENT OF POLICY.—It shall be the policy of the United States Government—

''(1) to invest appropriate resources authorized under this Act and the amendments made by this Act to carry out activities to strengthen HIV/AIDS health policies and health systems and provide workforce training and capacity-building consistent with the goals and objectives of this Act and the amendments made by this Act; and

''(2) to support the development of a sound policy environment in host countries to increase the ability of such countries to maximize utilization of health care resources

from donor countries, deliver services to the people of such host countries in an effective and efficient manner, and reduce barriers that prevent recipients of services from achieving maximum benefit from such services.

''(c) PLAN REQUIRED.—The Coordinator of United States Government Activities to Combat HIV/AIDS Globally, in collaboration with the Administrator of the United States Agency for International Development, shall develop and implement a plan to combat HIV/AIDS by strengthening health policies and health systems of host countries as part of the United States Agency for International Development's 'Health Systems 2020' project.

''(d) ASSISTANCE TO IMPROVE PUBLIC FINANCE MANAGEMENT SYSTEMS.—

''(1) IN GENERAL.—The Secretary of the Treasury, acting through the head of the Office of Technical Assistance, is authorized to provide assistance for advisors and host country finance, health, and other relevant ministries to improve the effectiveness of public finance management systems in host countries to enable such countries to receive funding to carry out programs to combat HIV/AIDS, tuberculosis, and malaria and to manage such programs.

''(2) AUTHORIZATION OF APPROPRIATIONS.—Of the amounts authorized to be appropriated under section 401 for HIV/AIDS assistance, there are authorized to be appropriated to the Secretary of the Treasury such sums as may be necessary for each of the fiscal years 2009 through 2013 to carry out this subsection.''.

(b) CLERICAL AMENDMENT.—The table of contents for the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7601 note) is amended by inserting after the item relating to section 203 the following:

''Sec. 204. Plan to combat HIV/AIDS by strengthening health policies and health systems of host countries.''.

TITLE III—BILATERAL EFFORTS

Subtitle A—General Assistance and Programs

SEC. 301. ASSISTANCE TO COMBAT HIV/AIDS.

(a) AMENDMENTS TO THE FOREIGN ASSISTANCE ACT OF 1961.—

(1) FINDING.—Subsection (a) of section 104A of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b–2) is amended by inserting '', South and Southeast Asia, Central and Eastern Europe'' after ''the Caribbean''.

(2) POLICY.—Subsection (b) of such section is amended—

(A) in the first sentence—

(i) by striking ''It is a major'' and inserting the following:

''(1) GENERAL POLICY.—It is a major'';

(ii) by striking ''control'' and inserting ''care''; and

(iii) by adding at the end before the period the following: ''and to fulfill United States commitments to move toward the goal of universal access to prevention, treatment, and care of HIV/AIDS'';

(B) by adding at the end the following: ''The United States and other developed countries should provide assistance for the prevention, treatment, and care of HIV/AIDS to countries in sub-Saharan Africa, the Caribbean, South and Southeast Asia and Central and Eastern Europe, addressing both generalized epidemics and epidemics concentrated among populations at high risk of infection.''; and

(C) by further adding at the end the following:

''(2) SPECIFIC POLICY.—It is therefore the policy of the United States, by 2013, to—

''(A) prevent 12,000,000 new HIV infections worldwide;

''(B) support treatment of at least 3,000,000 individuals with HIV/AIDS with the goal of treating 450,000 children;

''(C) provide care for 12,000,000 individuals affected by HIV/AIDS, including 5,000,000 orphans and vulnerable children in communities affected by HIV/AIDS, including orphans with HIV/AIDS; and

''(D) train at least 140,000 new health care professionals and workers for HIV/AIDS prevention, treatment and care.''.

(3) AUTHORIZATION.—Subsection (c) of such section is amended—

(A) in paragraph (1)—

(i) by inserting '', South and Southeast Asia, Central and Eastern Europe'' after ''the Caribbean''; and

(ii) by adding at the end before the period the following: '', and particularly with respect to refugee populations in such countries and areas'';

(B) in paragraph (2)—

(i) by inserting '', South and Southeast Asia, Central and Eastern Europe'' after ''the Caribbean''; and

(ii) by adding at the end before the period the following: '', and particularly with respect to refugee populations in such countries and areas'';

(C) by redesignating paragraph (3) as paragraph (4);

(D) by inserting after paragraph (2) the following:

''(3) ROLE OF PUBLIC HEALTH CARE DELIVERY SYSTEMS.—It is the sense of Congress that—

''(A) the President should provide an appropriate level of assistance under paragraph (1) to help strengthen public health care delivery systems financed by host countries; and

''(B) the President, acting through the Coordinator of United States Government Activities to Combat HIV/AIDS Globally, should support the development of a policy framework in such host countries for the long-term sustainability of HIV/AIDS prevention, treatment, and care programs, and for strengthening health care delivery systems and increasing health workforces through recruitment, training, and policies that allows the devolution of clinical responsibilities to increase the work force able to deliver prevention, treatment, and care services, as necessary, with clearly identified objectives and reporting strategies for such services.'';

(E) in paragraph (4) (as redesignated by subparagraph (C) of this paragraph), by striking ''foreign countries'' and inserting ''host countries and donor countries''; and

(F) by adding at the end the following:

''(5) SENSE OF CONGRESS.—

''(A) IN GENERAL.—It is the sense of Congress that the Coordinator of United States Government Activities to Combat HIV/AIDS Globally and the heads of relevant executive branch agencies (as such term is defined in section 3 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003) should operate in a manner consistent with the 'Three Ones' goals of UNAIDS.

''(B) 'THREE ONES' GOALS OF UNAIDS DEFINED.—In this paragraph, the term '' 'Three Ones'' goals of UNAIDS' means—

''(i) the goal of one agreed HIV/AIDS action framework that provides the basis for coordinating the work of all partners in host countries;

''(ii) the goal of one national HIV/AIDS coordinating authority, with a broad-based multisectoral mandate; and

''(iii) the goal of one agreed country-level data-collection, monitoring, and evaluation system.''.

(4) ACTIVITIES SUPPORTED.—

(A) PREVENTION.—Subsection (d)(1) of such section is amended—

(i) in subparagraph (A)—

(I) by inserting ''efforts by faith-based and other nongovernmental organizations and'' after ''infection, including'';

(II) by inserting '', including access to such programs and efforts in family planning programs supported by the United States Government,'' after ''health programs''; and

(III) by inserting ''male and female'' before ''condoms'';

(ii) in subparagraph (B)—

(I) by inserting ''relevant and'' after ''culturally'';

(II) by inserting ''and programs'' after ''those organizations''; and

(III) by inserting '', level of scientific and fact-based knowledge'' after ''experience'';

(iii) in subparagraph (D), by inserting ''and nonjudgmental approaches'' after ''protections'';

(iv) by amending subparagraph (E) to read as follows:

''(E) assistance to achieve the target of reaching 80 percent of pregnant women for prevention and treatment of mother-to-child transmission of HIV in countries in which the United States is implementing HIV/AIDS programs by 2013, as described in section 312(b)(1) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003, and to promote infant feeding options that meet the criteria described in the World Health Organization's Global Strategy for Infant and Young Child Feeding;'';

(v) in subparagraph (G)—

(I) by adding at the end before the semicolon the following: '', including education and services demonstrated to be effective in reducing the transmission of HIV infection without increasing illicit drug use''; and

(II) by striking ''and'' at the end;

(vi) in subparagraph (H), by striking the period at the end and inserting ''; and''; and

(vii) by adding at the end the following:

''(I)(i) assistance for counseling, testing, treatment, care, and support programs for prevention of re-infection of individuals with HIV/AIDS;

''(ii) counseling to prevent sexual transmission of HIV, including skill development for practicing abstinence, reducing the number of sexual partners, and providing information on correct and consistent use of male and female condoms;

''(iii) assistance to provide male and female condoms;

''(iv) diagnosis and treatment of other sexually-transmitted infections;

''(v) strategies to address the stigma and discrimination that impede HIV/AIDS prevention efforts; and

''(vi) assistance to facilitate widespread access to microbicides for HIV prevention, as safe and effective products become available, including financial and technical support for culturally appropriate introductory programs, procurement, distribution, logistics management, program delivery, acceptability studies, provider training, demand generation, and post-introduction monitoring; and

''(J) assistance for HIV/AIDS education targeted to reach and prevent the spread of HIV among men who have sex with men.''.

(B) TREATMENT.—Subsection (d)(2) of such section is amended—

(i) in subparagraph (B), by striking ''; and'' at the end and inserting a semicolon;

(ii) in subparagraph (C), by striking the period at the end and inserting a semicolon; and

(iii) by adding at the end the following:

''(D) assistance specifically to address barriers that might limit the start of and adherence to treatment services, especially in

rural areas, through such measures as mobile and decentralized distribution of treatment services, and where feasible and necessary, direct linkages with nutrition and income security programs, referrals to services for victims of violence, support groups for individuals with HIV/AIDS, and efforts to combat stigma and discrimination against all such individuals;

''(E) assistance to support comprehensive HIV/AIDS treatment (including free prophylaxis and treatment for common HIV/AIDS-related opportunistic infections) for at least one-third of individuals with HIV/AIDS in the poorest countries worldwide who are in clinical need of antiretroviral treatment; and

''(F) assistance to improve access to psychosocial support systems and other necessary services for youth who are infected with HIV to ensure the start of and adherence to treatment services.''.

(C) MONITORING.—Subsection (d)(4) of such section is amended—

(i) by striking ''The monitoring'' and inserting the following:

''(A) IN GENERAL.—The monitoring'';

(ii) by inserting ''and paragraph (8)'' after ''paragraphs (1) through (3)'';

(iii) by redesignating subparagraphs (A) through (D) as clauses (i) through (iv), respectively;

(iv) in clause (iii) (as redesignated by clause (iii) of this subparagraph), by striking ''and'' at the end;

(v) in clause (iv) (as redesignated by clause (iii) of this subparagraph), by striking the period at the end and inserting ''; and'';

(vi) by adding at the end the following:

''(v) carrying out and expanding program monitoring, impact evaluation research, and operations research (including research and evaluations of gender-responsive interventions, disaggregated by age and sex, in order to identify and replicate effective models, develop gender indicators to measure both outcomes and impacts of interventions, especially interventions designed to reduce gender inequalities, and collect lessons learned for dissemination among different countries) in order to—

''(I) improve the coverage, efficiency, effectiveness, quality and accessibility of services provided under this section;

''(II) establish the cost-effectiveness of program models;

''(III) assess the population-level impact of programs, projects, and activities implemented;

''(IV) ensure the transparency and accountability of services provided under this section;

''(V) disseminate and promote the utilization of evaluation findings, lessons, and best practices in the implementation of programs, projects, and activities supported under this section; and

''(VI) encourage and evaluate innovative service models and strategies to optimize functionality of programs, projects, and activities.''; and

(vii) by further adding at the end the following:

''(B) DEFINITIONS.—For purposes of subparagraph (A)(v)—

''(i) the term 'impact evaluation research' means the application of research methods and statistical analysis to measure the extent to which a change in a population-based outcome can be attributed to a program, project, or activity as opposed to other factors in the environment;

''(ii) the term 'program monitoring' means the collection, analysis, and use of routine data with respect to a program, project, or activity to determine how well the program, project, or activity is carried out and at what cost; and

''(iii) the term 'operations research' means the application of social science research methods and statistical analysis to judge, compare, and improve policy outcomes and outcomes of a program, project, or activity, from the earliest stages of defining and designing the program, project, or activity through the development and implementation of the program, project, or activity.''.

(D) PHARMACEUTICALS.—Subsection (d)(5) of such section is amended—

(i) by redesignating subparagraph (C) as subparagraph (D); and

(ii) by inserting after subparagraph (B) the following:

''(C) MECHANISMS TO ENSURE COST-EFFECTIVE DRUG PURCHASING.—Mechanisms to ensure that pharmaceuticals, including antiretrovirals and medicines to treat opportunistic infections, are purchased at the lowest possible price at which such pharmaceuticals may be obtained in sufficient quantity on the world market.''.

(E) REFERRAL SYSTEMS AND COORDINATION WITH OTHER ASSISTANCE PROGRAMS.—

(i) FINDING.—The effectiveness of all HIV/AIDS prevention, treatment, and care programs and the survival of individuals with HIV/AIDS would be enhanced by ensuring that such individuals are referred to appropriate support programs, including education, income generation, HIV/AIDS support group and food and nutrition programs, and by providing assistance directly to such programs to the extent such programs would further the purposes of expanding access to and the success of HIV/AIDS prevention, treatment, and care.

(ii) AMENDMENT.—Subsection (d) of such section is further amended by adding at the end the following:

''(8) REFERRAL SYSTEMS AND COORDINATION WITH OTHER ASSISTANCE PROGRAMS.—

''(A) REFERRAL SYSTEMS.—Assistance to ensure that a continuum of care is available to individuals participating in HIV/AIDS prevention, treatment, and care programs through the development of referral systems for such individuals to community-based programs that, where practicable, are co-located with such HIV/AIDS programs, and that provide support activities for such individuals, including HIV/AIDS treatment adherence, HIV/AIDS support groups, food and nutrition support, maternal health services, substance abuse prevention and treatment services, income-generation programs, legal services, and other program support.

''(B) COORDINATION WITH OTHER ASSISTANCE PROGRAMS.—

''(i)(I) Assistance to integrate HIV/AIDS testing with testing for other easily detectable and treatable infectious diseases, such as malaria, tuberculosis, and respiratory infections, and to provide treatment if possible or referral to appropriate treatment programs.

''(II) Assistance to provide, whenever possible, as a component of HIV/AIDS prevention, treatment, and care services, and cotreatment of curable diseases, such as other sexually transmitted diseases.

''(III) Assistance and other activities to ensure, through interagency and international coordination, that United States global HIV/AIDS programs are integrated and complementary to delivering related health services.

''(ii) Assistance to support schools and related programs for children and youth that increase the effectiveness of programs described in this subsection by providing the infrastructure, teachers, and other support to such programs.

''(iii) Assistance and other activities to provide access to HIV/AIDS prevention, treatment, and care programs in family planning and maternal and child health programs supported by the United States Government.

''(iv) Assistance to United States and host country nonprofit development organizations that directly support livelihood initiatives in HIV/AIDS-affected countries that provide opportunities for direct lending to microentrepreneurs by United States citizens or opportunities for United States citizens to purchase livestock and plants for families to provide nutrition and generate income for individual households and communities.

''(v) Assistance to coordinate and provide linkages between HIV/AIDS prevention, treatment, and care programs with efforts to improve the economic and legal status of women and girls.

''(vi) Technical assistance coordinated across implementing agencies, offered on a regular basis, and made available upon request, for faith-based and community-based organizations, especially indigenous organizations and new partners who do not have extensive experience managing United States foreign assistance programs, including for training and logistical support to establish financial mechanisms to track program receipts and expenditures and data management systems to ensure data quality and strengthen reporting.

''(vii) In accordance with the World Health Organization's Interim Policy on TB/HIV Activities (2004), assistance to individuals with or symptomatic of tuberculosis, and assistance to implement the following:

''(I) Provide opt-out HIV/AIDS counseling and testing and appropriate referral for treatment and care to individuals with or symptomatic of tuberculosis, and work with host countries to ensure that such individuals in host countries are provided such services.

''(II) Ensure, in coordination with host countries, that individuals with HIV/AIDS receive tuberculosis screening and other appropriate treatment.

''(III) Provide increased funding for HIV/AIDS and tuberculosis activities, by increasing total resources for such activities, including lab strengthening and infection control.

''(IV) Improve the management and dissemination of knowledge gained from HIV/AIDS and tuberculosis activities to increase the replication of best practices.''.

(5) ANNUAL REPORT.—Subsection (e) of such section is amended—

(A) in paragraph (1), by striking ''Committee on International Relations'' and inserting ''Committee on Foreign Affairs'';

(B) in paragraph (2)—

(i) in subparagraph (B), by striking ''and'' at the end;

(ii) in subparagraph (C)—

(I) in the matter preceding clause (i), by striking ''including'' and inserting ''including—'';

(II) by striking clauses (i) and (ii) and inserting the following:

''(i)(I) the effectiveness of such programs in reducing the transmission of HIV, particularly in women and girls, in reducing mother-to-child transmission of HIV, including through drug treatment and therapies, either directly or by referral, and in reducing mortality rates from HIV/AIDS, including through drug treatment, and addiction therapies;

''(II) a description of strategies, goals, programs, and interventions to address the specific needs and vulnerabilities of young women and young men; the progress toward expanding access among young women and young men to evidence-based, comprehensive

HIV/AIDS health care services and HIV prevention and sexuality and abstinence education programs at the individual, community, and national levels; and clear targets for integrating adolescents who are orphans, including adolescents who are infected with HIV, into programs for orphans and vulnerable children; and

''(III) the amount of United States funding provided under the authorities of this Act to procure drugs for HIV/AIDS programs in countries described in section 1(f)(2)(B)(IX) of the State Department Basic Authorities Act of 1956 (22 U.S.C. 2651a(f)(2)(B)(VIII)), including a detailed description of antiretroviral drugs procured, including—

''(aa) the total amount expended for each generic and name brand drug;

''(bb) the price paid per unit of each drug; and

''(cc) the vendor from which each drug was purchased; and

''(ii) the progress made toward improving health care delivery systems (including the training of adequate numbers of health care professionals) and infrastructure to ensure increased access to care and treatment, including a description of progress toward—

''(I)(aa) the training and retention of adequate numbers of health care professionals in order to meet a nationally-determined ratio of doctors, nurses, and midwives to patients, based on the target of the 2.3 per-thousand ratio established by the World Health Organization (WHO);

''(bb) increases in the number of other health care professions, such as pharmacists and lab technicians, as necessary; and

''(cc) the improvement of infrastructure needed to ensure universal access to HIV/AIDS prevention, treatment, and care by 2015;

''(II) national health care workforce strategy benchmarks, as required by section 202(d)(5)(B) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003, United States contributions to developing and implementing the benchmarks, and main challenges to implementing the benchmarks;

''(III) ensuring, to the extent practicable, that health care workers providing services under this Act have safe working conditions and are receiving health care services, including services relating to HIV/AIDS;

''(IV) activities to strengthen health care systems in order to overcome obstacles and barriers to the provision of HIV/AIDS, tuberculosis, and malaria services;

''(V) improving integration and coordination of HIV/AIDS programs with related health care services and supporting the capacity of health care programs to refer individuals to community-based services; and

''(VI) strengthening procurement and supply chain management systems of host countries;'';

(III) in clause (iii), by adding at the end before the semicolon the following: '', including the percentage of such United States foreign assistance provided for diagnosis and treatment of individuals with tuberculosis in countries with the highest burden of tuberculosis, as determined by the World Health Organization (WHO)''; and

(IV) in clause (iv), by striking the period at the end and inserting a semicolon; and

(iii) by adding at the end the following:

''(D) a description of efforts to integrate HIV/AIDS and tuberculosis prevention, treatment, and care programs, including—

''(i) the number and percentage of HIV-infected individuals receiving HIV/AIDS treatment or care services who are also receiving screening and subsequent treatment for tuberculosis;

''(ii) the number and percentage of individuals with tuberculosis who are receiving HIV/AIDS counseling and testing, and appropriate referral to HIV/AIDS services;

''(iii) the number and location of laboratories with the capacity to perform tuberculosis culture tests and tuberculosis drug susceptibility tests;

''(iv) the number and location of laboratories with the capacity to perform appropriate tests for multi-drug resistant tuberculosis (MDR–TB) and extensively drug resistant tuberculosis (XDR–TB); and

''(v) the number of HIV-infected individuals suspected of having tuberculosis who are provided tuberculosis culture diagnosis or tuberculosis drug susceptibility testing;

''(E) a description of coordination efforts with relevant executive branch agencies (as such term is defined in section 3 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003) and at the global level in the effort to link HIV/AIDS services with non-HIV/AIDS services;

''(F) a description of programs serving women and girls, including—

''(i) a description of HIV/AIDS prevention programs that address the vulnerabilities of girls and women to HIV/AIDS; and

''(ii) information on the number of individuals served by programs aimed at reducing the vulnerabilities of women and girls to HIV/AIDS;

''(G) a description of the specific strategies funded to ensure the reduction of HIV infection among injection drug users, and the number of injection drug users, by country, reached by such strategies, including medication-assisted drug treatment for individuals with HIV or at risk of HIV, and HIV prevention programs demonstrated to be effective in reducing HIV transmission without increasing drug use; and

''(H) a detailed description of monitoring, impact evaluation research, and operations research of programs, projects, and activities carried out pursuant to subsection (d)(4)(A)(v).''; and

(C) by adding at the end the following:

''(3) PUBLIC AVAILABILITY.—The Coordinator of United States Government Activities to Combat HIV/AIDS Globally shall make publicly available on the Internet website of the Office of the Coordinator the information contained in paragraph (2)(H) of each report and, in addition, the individual evaluations and other reports that were the basis of such information, including lessons learned and collected in such evaluations and reports.''.

(b) AUTHORIZATION OF APPROPRIATIONS.—Subsection (b) of section 301 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7631) is amended—

(1) in paragraph (1), by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013''; and

(2) in paragraph (3), by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013''.

(c) FOOD SECURITY AND NUTRITION SUPPORT.—Subsection (c) of such section is amended to read as follows:

''(c) FOOD SECURITY AND NUTRITION SUPPORT.—

''(1) FINDINGS.—Congress finds the following:

''(A) The United States provides more than 60 percent of all food assistance worldwide.

''(B) According to the United Nations World Food Program and other United Nations agencies, food insecurity of individuals with HIV/AIDS is a major problem in countries with large populations of such individuals, particularly in sub-Saharan African countries.

''(C) Individuals infected with HIV have higher nutritional requirements than individuals who are not infected with HIV, particularly with respect to the need for protein. Also, there is evidence to suggest that the full benefit of therapy to treat HIV/AIDS may not be achieved in individuals who are malnourished, particularly in pregnant and lactating women.

''(2) SENSE OF CONGRESS.—It is the sense of Congress that—

''(A) malnutrition, especially for individuals with HIV/AIDS, is a clinical health issue with wider nutrition, health, and social implications for such individuals, their families, and their communities that must be addressed by United States HIV/AIDS prevention, treatment, and care programs;

''(B) food security and nutrition directly impact an individual's vulnerability to HIV infection, the progression of HIV to AIDS, an individual's ability to begin an antiretroviral medication treatment regimen, the efficacy of an antiretroviral medication treatment regimen once an individual begins such a regimen, and the ability of communities to effectively cope with the HIV/AIDS epidemic and its impacts;

''(C) international guidelines established by the World Health Organization (WHO) should serve as the reference standard for HIV/AIDS food and nutrition activities supported by this Act and the amendments made by this Act;

''(D) the Coordinator of United States Government Activities to Combat HIV/AIDS Globally and the Administrator of the United States Agency for International Development should make it a priority to work together and with other United States Government agencies, donors, and multilateral institutions to increase the integration of food and nutrition support and livelihood activities into HIV/AIDS prevention, treatment, and care activities funded by the United States and other governments and organizations;

''(E) for purposes of determining which individuals infected with HIV should be provided with nutrition and food support—

''(i) children with moderate or severe malnutrition, according to WHO standards, shall be given priority for such nutrition and food support; and

''(ii) adults with a body mass index (BMI) of 18.5 or less, or at the prevailing WHO-approved measurement for BMI, should be considered 'malnourished' and should be given priority for such nutrition and food support;

''(F) programs funded by the United States should include therapeutic and supplementary feeding, food, and nutrition support and should include strong links to development programs that provide support for livelihoods; and

''(G) the inability of individuals with HIV/AIDS to access food for themselves or their families should not be allowed to impair or erode the therapeutic status of such individuals with respect to HIV/AIDS or related comorbidities.

''(3) STATEMENT OF POLICY.—It is the policy of the United States to—

''(A) address the food and nutrition needs of individuals with HIV/AIDS and affected individuals, including orphans and vulnerable children;

''(B) fully integrate food and nutrition support into HIV/AIDS prevention, treatment, and care programs carried out under this Act and the amendments made by this Act;

''(C) ensure, to the extent practicable, that—

''(i) HIV/AIDS prevention, treatment, and care providers and health care workers are adequately trained so that such providers and workers can provide accurate and informed information regarding food and nutrition support to individuals enrolled in treatment and care programs and individuals affected by HIV/AIDS; and

''(ii) individuals with HIV/AIDS who, with their households, are identified as food insecure are provided with adequate food and nutrition support; and

''(D) effectively link food and nutrition support provided under this Act and the amendments made by this Act to individuals with HIV/AIDS, their households, and their communities, to other food security and livelihood programs funded by the United States and other donors and multilateral agencies.

''(4) INTEGRATION OF FOOD SECURITY AND NUTRITION ACTIVITIES INTO HIV/AIDS PREVENTION, TREATMENT, AND CARE ACTIVITIES.—

''(A) REQUIREMENTS RELATING TO GLOBAL AIDS COORDINATOR.—Consistent with the statement of policy described in paragraph (3), the Coordinator of United States Government Activities to Combat HIV/AIDS Globally shall—

''(i) ensure, to the extent practicable, that—

''(I) an assessment, using validated criteria, of the food security and nutritional status of each individual enrolled in antiretroviral medication treatment programs supported with funds authorized under this Act or any amendment made by this Act is carried out; and

''(II) appropriate nutritional counseling is provided to each individual described in subclause (I);

''(ii) coordinate with the Administrator of the United States Agency for International Development, the Secretary of Agriculture, and the heads of other relevant executive branch agencies to—

''(I) ensure, to the extent practicable, that, in communities in which a significant proportion of individuals with HIV/AIDS are in need of food and nutrition support, a status and needs assessment for such support employing validated criteria is conducted and a plan to provide such support is developed and implemented;

''(II) improve and enhance coordination between food security and livelihood programs for individuals infected with HIV in host countries and food security and livelihood programs that may already exist in such countries;

''(III) establish effective linkages between the health and agricultural development and livelihoods sectors in order to enhance food security; and

''(IV) ensure, by providing increased resources if necessary, effective coordination between activities authorized under this Act and the amendments made by this Act and activities carried out under other provisions of the Foreign Assistance Act of 1961 when establishing new HIV/AIDS treatment sites;

''(iii) develop effective, validated indicators that measure outcomes of nutrition and food security interventions carried out under this section and use such indicators to monitor and evaluate the effectiveness of such interventions; and

''(iv) evaluate the role of and, to the extent appropriate, support and expand partnerships and linkages between United States postsecondary educational institutions with postsecondary educational institutions in host countries in order to provide training and build indigenous human and institutional capacity and expertise to respond to HIV/AIDS, and to improve capacity to address nutrition, food security, and livelihood needs of HIV/AIDS-affected and impoverished communities.

''(B) REQUIREMENTS RELATING TO USAID ADMINISTRATOR.—Consistent with the statement of policy described in paragraph (3), the Administrator of the United States Agency for International Development, in coordination with the Coordinator of United States Government Activities to Combat HIV/AIDS Globally and the Secretary of Agriculture, shall provide, to the extent practicable, as an essential component of antiretroviral medication treatment programs supported with funds authorized under this Act and the amendments made by this Act, food and nutrition support to each individual with HIV/AIDS who is determined to need such support by the assessing health professional, based on a body mass index (BMI) of 18.5 or less, or at the prevailing WHO-approved measurement for BMI, and the individual's household, for a period of not less than 180 days, either directly or through referral to an assistance program or organization with demonstrable ability to provide such support.

''(C) REPORT.—Not later than October 31, 2010, and annually thereafter, the Coordinator of United States Government Activities to Combat HIV/AIDS Globally, in consultation with the Administrator of the United States Agency for International Development, shall submit to the appropriate congressional committees a report on the implementation of this subsection for the prior fiscal year. The report shall include a description of—

''(i) the effectiveness of interventions carried out to improve the nutritional status of individuals with HIV/AIDS;

''(ii) the amount of funds provided for food and nutrition support for individuals with HIV/AIDS and affected individuals in the prior fiscal year and the projected amount of funds to be provided for such purpose for next fiscal year; and

''(iii) a strategy for improving the linkage between assistance provided with funds authorized under this subsection and food security and livelihood programs under other provisions of law as well as activities funded by other donors and multilateral organizations.

''(D) AUTHORIZATION OF APPROPRIATIONS.—Of the amounts authorized to be appropriated under section 401 for HIV/AIDS assistance, there are authorized to be appropriated to the President such sums as may be necessary for each of the fiscal years 2009 through 2013 to carry out this subsection.''.

(d) ELIGIBILITY FOR ASSISTANCE.—Subsection (d) of such section is amended to read as follows:

''(d) ELIGIBILITY FOR ASSISTANCE.—An organization, including a faith-based organization, that is otherwise eligible to receive assistance under section 104A of the Foreign Assistance Act of 1961 (as added by subsection (a)) or under any other provision of this Act (or any amendment made by this Act or the Tom Lantos and Henry J. Hyde Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008) to prevent, treat, or monitor HIV/AIDS—

''(1) shall not be required, as a condition of receiving the assistance, to endorse or utilize a multisectoral approach to combating HIV/AIDS, or to endorse, utilize, make a referral to, become integrated with or otherwise participate in any program or activity to which the organization has a religious or moral objection; and

''(2) shall not be discriminated against in the solicitation or issuance of grants, contracts, or cooperative agreements under such provisions of law for refusing to do so.''.

(e) SENSE OF CONGRESS.—Such section is further amended by striking subsection (g).

(f) REPORT.—

(1) IN GENERAL.—Not later than 270 days after the date of the enactment of this Act, the Coordinator of United States Government Activities to Combat HIV/AIDS Globally shall submit to the appropriate congressional committees a report identifying a target for the number of additional health professionals and workers needed in host countries to provide HIV/AIDS prevention, treatment, and care and the training needs of such health professionals and workers. The target should reflect available data and should identify the need for United States Government contributions to meet the target.

(2) DEFINITION.—In this subsection, the term ''appropriate congressional committees'' has the meaning given the term in section 3 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7602).

SEC. 302. ASSISTANCE TO COMBAT TUBERCULOSIS.

(a) AMENDMENTS TO THE FOREIGN ASSISTANCE ACT OF 1961.—

(1) FINDINGS.—Subsection (a) of section 104B of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b–3) is amended by striking paragraphs (1) and (2) and inserting the following:

''(1) Tuberculosis is one of the greatest infectious causes of death of adults worldwide, killing 1.6 million individuals per year—one person every 20 seconds.

''(2) Tuberculosis is the leading infectious cause of death among individuals who are infected with HIV due to their weakened immune systems, and it is estimated that one-third of such individuals have tuberculosis. Tuberculosis is also a leading killer of women of reproductive age.

''(3) Driven by the HIV/AIDS pandemic, incidence rates of tuberculosis in sub-Saharan Africa have more than doubled on average since 1990. The problem is so pervasive that in August 2005, African health ministers and the World Health Organization (WHO) declared tuberculosis to be an emergency in sub-Saharan Africa.

''(4)(A) The wide extent of drug resistance, including both multi-drug resistant tuberculosis (MDR–TB) and extensively drug resistant tuberculosis (XDR–TB), represents both a critical challenge to the global control of tuberculosis and a serious worldwide public health threat.

''(B) XDR–TB, which is a form of MDR–TB with additional resistance to multiple second-line anti-tuberculosis drugs, is associated with worst treatment outcomes of any form of tuberculosis.

''(C) XDR–TB is converging with the HIV/AIDS epidemic, undermining gains in HIV/AIDS prevention and treatment programs and requires urgent interventions.

''(D) Drug resistance surveillance reports have confirmed the serious scale and spread of tuberculosis, with XDR–TB strains confirmed on six continents.

''(E) Demonstrating the lethality of XDR–TB, an initial outbreak in Tugela Ferry, South Africa, in 2006 killed 52 of 53 patients with hundreds more cases reported since that time.

''(F) Of the world's regions, sub-Saharan Africa, faces the greatest gap in capacity to prevent, treat, and care for individuals with XDR–TB.''.

(2) POLICY.—Subsection (b) of such section is amended to read as follows:

''(b) POLICY.—It is a major objective of the foreign assistance program of the United States to control tuberculosis. In all countries in which the Government of the United States has established development programs, particularly in countries with the highest burden of tuberculosis and other countries with high rates of tuberculosis, the United States Government should prioritize the achievement of the following goals by not later than December 31, 2015:

''(1) Reduce by one-half the tuberculosis death and disease burden from the 1990 baseline.

''(2) Sustain or exceed the detection of at least 70 percent of sputum smear-positive

cases of tuberculosis and the cure of at least 85 percent of such cases detected.''.

(3) ACTIVITIES SUPPORTED.—Such section is further amended—

(A) by redesignating subsections (d) through (f) as subsections (e) through (g); and

(B) by inserting after subsection (c) the following:

''(d) ACTIVITIES SUPPORTED.—Assistance provided under subsection (c) shall, to the maximum extent practicable, be used to carry out the following activities:

''(1) Provide diagnostic counseling and testing to individuals with HIV/AIDS for tuberculosis (including a culture diagnosis to rule out multi-drug resistant tuberculosis (MDR–TB) and extensively drug resistant tuberculosis (XDR–TB) and provide HIV/AIDS voluntary counseling and testing to individuals with any form of tuberculosis.

''(2) Provide tuberculosis treatment to individuals receiving treatment and care for HIV/AIDS who have active tuberculosis and provide prophylactic treatment to individuals with HIV/AIDS who also have a latent tuberculosis infection.

''(3) Link individuals with both HIV/AIDS and tuberculosis to HIV/AIDS treatment and care services, including antiretroviral therapy and cotrimoxazole therapy.

''(4) Ensure that health care workers trained to diagnose, treat, and provide care for HIV/AIDS are also trained to diagnose, treat, and provide care for individuals with both HIV/AIDS and tuberculosis.

''(5) Ensure that individuals with active pulmonary tuberculosis are provided a culture diagnosis, including drug susceptibility testing to rule out multi-drug resistant tuberculosis (MDR–TB) and extensively drug resistant tuberculosis (XDR–TB) in areas with high prevalence of tuberculosis drug resistance.''.

(4) PRIORITY TO STOP TB STRATEGY.—Subsection (f) of such section (as redesignated by paragraph (3) of this subsection) is amended—

(A) by amending the heading to read as follows: ''PRIORITY TO STOP TB STRATEGY'';

(B) in the first sentence, by striking ''In furnishing'' and all that follows through '', including funding'' and inserting the following:

''(1) PRIORITY.—In furnishing assistance under subsection (c), the President shall give priority to—

''(A) activities described in the Stop TB Strategy, including expansion and enhancement of Directly Observed Treatment Short-course (DOTS) coverage, treatment for individuals infected with both tuberculosis and HIV and treatment for individuals with multi-drug resistant tuberculosis (MDR–TB), strengthening of health systems, use of the International Standards for Tuberculosis Care by all care providers, empowering individuals with tuberculosis, and enabling and promoting research to develop new diagnostics, drugs, and vaccines, and program-based operational research relating to tuberculosis; and

''(B) funding''; and

(C) in the second sentence—

(i) by striking ''In order to'' and all that follows through ''not less than'' and inserting the following:

''(2) AVAILABILITY OF AMOUNTS.—In order to meet the requirements of paragraph (1), the President—

''(A) shall ensure that not less than'';

(ii) by striking ''for Directly Observed Treatment Short-course (DOTS) coverage and treatment of multi-drug resistant tuberculosis using DOTS–Plus,'' and inserting ''to implement the Stop TB Strategy; and''; and

(iii) by striking ''including'' and all that follows and inserting the following:

''(B) should ensure that not less than $15,000,000 of the amount made available to carry out this section for a fiscal year is used to make a contribution to the Global Tuberculosis Drug Facility.''.

(5) ASSISTANCE FOR WHO AND THE STOP TUBERCULOSIS PARTNERSHIP.—Such section is further amended—

(A) by redesignating subsection (g) (as redesignated by paragraph (3) of this subsection) as subsection (h); and

(B) by inserting after subsection (f) (as redesignated by paragraph (4) and amended by paragraph (5) of this subsection) the following new subsection:

''(g) ASSISTANCE FOR WHO AND THE STOP TUBERCULOSIS PARTNERSHIP.—In carrying out this section, the President, acting through the Administrator of the United States Agency for International Development, is authorized to provide increased resources to the World Health Organization (WHO) and the Stop Tuberculosis Partnership to improve the capacity of countries with high rates of tuberculosis and other affected countries to implement the Stop TB Strategy and specific strategies related to addressing extensively drug resistant tuberculosis (XDR–TB).''.

(6) DEFINITIONS.—Subsection (h) of such section (as redesignated by paragraph (5)(A) of this subsection) is amended—

(A) in paragraph (1), by adding at the end before the period the following: '', including low cost and effective diagnosis and evaluation of treatment regimes, vaccines, and monitoring of tuberculosis, as well as a reliable drug supply, and a management strategy for public health systems, with health system strengthening, promotion of the use of the International Standards for Tuberculosis Care by all care providers, bacteriology under an external quality assessment framework, short-course chemotherapy, and sound reporting and recording systems''; and

(B) by adding after paragraph (5) the following new paragraph:

''(6) STOP TB STRATEGY.—The term 'Stop TB Strategy' means the six-point strategy to reduce tuberculosis developed by the World Health Organization. The strategy is described in the Global Plan to Stop TB 2007–2016: Actions for Life, a comprehensive plan developed by the Stop Tuberculosis Partnership that sets out the actions necessary to achieve the millennium development goal of cutting tuberculosis deaths and disease burden in half by 2016.''.

(b) AUTHORIZATION OF APPROPRIATIONS.—Section 302(b) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7632(b)) is amended—

(1) in paragraph (1), by striking ''such sums as may be necessary for each of the fiscal years 2004 through 2008'' and inserting ''$4,000,000,000 for fiscal years 2009 through 2013''; and

(2) in paragraph (3), by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013''.

SEC. 303. ASSISTANCE TO COMBAT MALARIA.

(a) AMENDMENT TO THE FOREIGN ASSISTANCE ACT OF 1961.—Section 104C(b) of the Foreign Assistance Act of 1961 (22 U.S.C. 21516–4(b)) is amended by striking ''control, and cure'' and inserting ''treatment, and care''.

(b) AUTHORIZATION OF APPROPRIATIONS.—Section 303(b) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7633(b)) is amended—

(1) in paragraph (1), by striking ''such sums as may be necessary for fiscal years 2004 through 2008'' and inserting ''$5,000,000,000 for fiscal years 2009 through 2013''; and

(2) in paragraph (3), by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013''.

(c) DEVELOPMENT OF A COMPREHENSIVE FIVE-YEAR STRATEGY.—Section 303 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7633) is amended by adding at the end the following:

''(d) DEVELOPMENT OF A COMPREHENSIVE FIVE-YEAR STRATEGY.—The President shall establish a comprehensive, five-year strategy to combat global malaria that strengthens the capacity of the United States to be an effective leader of international efforts to reduce the global malaria disease burden. Such strategy shall maintain sufficient flexibility and remain responsive to the ever-changing nature of the global malaria challenge and shall—

''(1) include specific objectives, multisectoral approaches and strategies to treat and provide care to individuals infected with malaria, to prevent the further spread of malaria;

''(2) describe how this strategy would contribute to the United States' overall global health and development goals;

''(3) clearly explain how proposed activities to combat malaria will be coordinated with other United States global health activities, including the five-year global HIV/AIDS and tuberculosis strategies developed pursuant to section 101 of this Act;

''(4) expand public-private partnerships and leveraging of resources to combat malaria, including private sector resources;

''(5) coordinate among relevant executive branch agencies providing assistance to combat malaria in order to maximize human and financial resources and reduce unnecessary duplication among such agencies and other donors;

''(6) maximize United States capabilities in the areas of technical assistance, training, and research, including vaccine research, to combat malaria; and

''(7) establish priorities and selection criteria for the distribution of resources to combat malaria based on factors such as the size and demographics of the population with malaria, the needs of that population, the host countries' existing infrastructure, and the host countries' ability to complement United States efforts with strategies outlined in national malaria control plans.

''(e) MALARIA RESPONSE COORDINATOR.—

''(1) IN GENERAL.—There should be established within the United States Agency for International Development a Coordinator of United States Government Activities to Combat Malaria Globally, who should be appointed by the President.

''(2) AUTHORITIES.—The Coordinator, acting through such nongovernmental organizations and relevant executive branch agencies as may be necessary and appropriate to effect the purposes of section 104C of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b–4), is authorized—

''(A) to operate internationally to carry out prevention, treatment, care, support, capacity development of health systems, and other activities for combating malaria;

''(B) to transfer and allocate funds to relevant executive branch agencies;

''(C) to provide grants to, and enter into contracts with, nongovernmental organizations to carry out the purposes of such section 104C;

''(D) to enter into contracts and transfer and allocate funds to international organizations to carry out the purposes of such section 104C; and

''(E) to coordinate with a public-private partnership to discover and develop effective new antimalarial drugs, including drugs for

multi-drug resistant malaria and malaria in pregnant women.

''(3) DUTIES.—

''(A) IN GENERAL.—The Coordinator shall have primary responsibility for the oversight and coordination of all resources and global United States government activities to combat malaria.

''(B) SPECIFIC DUTIES.—The Coordinator shall—

''(i) facilitate program and policy coordination among relevant executive branch agencies and nongovernmental organizations, including auditing, monitoring and evaluation of such programs;

''(ii) ensure that each relevant executive branch agency has sufficient resources to execute programs in areas in which the agency has the greatest expertise, technical capability, and potential for success;

''(iii) coordinate with the Office of the Coordinator of United States Government Activities to Combat HIV/AIDS Globally and equivalent managers of other relevant executive branch agencies that are implementing global health programs to develop and implement program plans, country-level interactions, and recipient administrative requirements in countries in which more than one program operates;

''(iv) coordinate relevant executive branch agency activities in the field, including coordination of planning, implementation, and evaluation of malaria programs with HIV/AIDS programs in countries in which both programs are being carried out;

''(v) pursue coordinate program implementation with host governments, other donors, and the private sector; and

''(vi) establish due diligence criteria for all recipients of funds appropriated pursuant to the authorizations of appropriations under section 401 for malaria assistance.

''(f) ASSISTANCE TO WHO.—In carrying out this section, the President is authorized to make a United States contribution to the Roll Back Malaria Partnership and the World Health Organization (WHO) to improve the capacity of countries with high rates of malaria and other affected countries to implement comprehensive malaria control programs.

''(g) ANNUAL REPORT.—

''(1) IN GENERAL.—Not later than 270 days after the date of the enactment of the Tom Lantos and Henry J. Hyde Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008, and annually thereafter, the President shall transmit to the appropriate congressional committees a report on United States assistance for the prevention, treatment, control, and elimination of malaria.

''(2) MATTERS TO BE INCLUDED.—The report required under paragraph (1) shall include a description of—

''(A) the countries and activities to which malaria assistance has been allocated;

''(B) the number of people reached through malaria assistance programs;

''(C) the percentage and number of children and mothers reached through malaria assistance programs;

''(D) research efforts to develop new tools to combat malaria, including drugs and vaccines;

''(E) collaboration with the World Health Organization (WHO), the Global Fund to Fight AIDS, Tuberculosis and Malaria, other donor governments, and relevant executive branch agencies to combat malaria;

''(F) quantified impact of United States assistance on childhood morbidity and mortality;

''(G) the number of children who received immunizations through malaria assistance programs; and

''(H) the number of women receiving antenatal care through malaria assistance programs.''.

SEC. 304. HEALTH CARE PARTNERSHIPS TO COMBAT HIV/AIDS.

(a) IN GENERAL.—Title III of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7631 et seq.) is amended by striking section 304 and inserting the following:

''SEC. 304. HEALTH CARE PARTNERSHIPS TO COMBAT HIV/AIDS.

''(a) SENSE OF CONGRESS.—It is the sense of Congress that the use of health care partnerships that link United States and host country health care institutions create opportunities for sharing of knowledge and expertise among individuals with significant experience in health-related fields and build local capacity to combat HIV/AIDS and increase scientific understanding of the progression of HIV/AIDS and the HIV/AIDS epidemic.

''(b) AUTHORITY TO FACILITATE HEALTH CARE PARTNERSHIPS TO COMBAT HIV/AIDS.—The President, acting through the Coordinator of United States Government Activities to Combat HIV/AIDS Globally, shall facilitate the development of health care partnerships described in subsection (a) by–

''(1) supporting short- and long-term institutional partnerships, including partnerships that build capacity in ministries of health, central- and district-level health agencies, medical facilities, health education and training institutions, academic centers, and faith- and community-based organizations involved in prevention, treatment, and care of HIV/AIDS;

''(2) supporting the development of consultation services using appropriate technologies, including online courses, DVDs, telecommunications services, and other technologies to eliminate the barriers that prevent host country professionals from accessing high quality health care services information, particularly providers located in rural areas;

''(3) supporting the placements of highly qualified individuals to strengthen human and organizational capacity through the use of health care professionals to facilitate skills transfer, building local capacity, and to expand rapidly the pool of providers, managers, and other health care staff delivering HIV/AID services in host countries; and

''(4) meeting individual country needs and, where possible, insisting on the implementation of a national strategic plan, by providing training and mentoring to strengthen human and organizational capacity among local health care service organizations.

''(c) AUTHORIZATION OF APPROPRIATIONS.—Of the amounts authorized to be appropriated under section 401 for HIV/AIDS assistance, there are authorized to be appropriated to the President such sums as may be necessary for each of the fiscal years 2009 through 2013 to carry out this section.''.

(b) CLERICAL AMENDMENT.—The table of contents for the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7601 note) is amended by striking the item relating to section 304 and inserting the following new item:

''Sec. 304. Health care partnerships to combat HIV/AIDS.''.

Subtitle B—Assistance for Women, Children, and Families

SEC. 311. POLICY AND REQUIREMENTS.

(a) POLICY.—Subsection (a) of section 312 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7652) is amended—

(1) in the first sentence, by striking ''The United States Government's'' and inserting the following:

''(1) IN GENERAL.—The United States''; and

(2) by adding at the end the following:

''(2) COLLABORATION.—The United States should work in collaboration with governments, donors, the private sector, nongovernmental organizations, and other key stakeholders to carry out the policy described in paragraph (1).''.

(b) REQUIREMENTS.—Subsection (b) of such section is amended to read as follows:

''(b) REQUIREMENTS.—The 5-year United States strategy required by section 101 of this Act shall—

''(1) establish a target for prevention and treatment of mother-to-child transmission of HIV that by 2013 will reach at least 80 percent of pregnant women in those countries most affected by HIV/AIDS;

''(2) establish a target requiring that by 2013 up to 15 percent of individuals receiving care and up to 15 percent of individuals receiving treatment under this Act and the amendments made by this Act are children;

''(3) integrate care and treatment with prevention of mother-to-child transmission of HIV programs in order to improve outcomes for HIV-affected women and families as soon as is feasible, consistent with the national government policies of countries in which programs under this Act are administered, and including support for strategies to ensure successful follow-up and continuity of care;

''(4) expand programs designed to care for children orphaned by HIV/AIDS;

''(5) develop a timeline for expanding access to more effective regimes to prevent mother-to-child transmission of HIV, consistent with the national government policies of countries in which programs under this Act are administered and the goal of achieving universal use of such regimens as soon as possible;

''(6) ensure that women receiving voluntary contraceptive counseling, services, or commodities in programs supported by the United States Government have access to the full range of HIV/AIDS services; and

''(7) ensure that women in prevention of mother-to-child transmission of HIV programs are provided with appropriate maternal and child services, either directly or by referral.''.

SEC. 312. ANNUAL REPORTS ON PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF THE HIV INFECTION.

Section 313(a) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7653(a)) is amended by striking ''5 years'' and inserting ''10 years''.

SEC. 313. STRATEGY TO PREVENT HIV INFECTIONS AMONG WOMEN AND YOUTH.

(a) IN GENERAL.—Title III of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7631 et seq.) is amended by adding at the end the following:

''SEC. 316. STRATEGY TO PREVENT HIV INFECTIONS AMONG WOMEN AND YOUTH.

''(a) STATEMENT OF POLICY.—In order to meet the United States Government's goal of preventing 12,000,000 new HIV infections worldwide, it shall be the policy of the United States to pursue a global HIV/AIDS prevention strategy that emphasizes the immediate and ongoing needs of women and youth and addresses the factors that lead to gender disparities in the rate of HIV infection.

''(b) STRATEGY.—

''(1) IN GENERAL.—The President shall formulate a comprehensive, integrated, and culturally-appropriate global HIV/AIDS prevention strategy that, to the extent epidemiologically appropriate, addresses the vulnerabilities of women and youth to HIV

infection and seeks to reduce the factors that lead to gender disparities in the rate of HIV infection.

''(2) ELEMENTS.—The strategy required under paragraph (1) shall include specific goals and targets under the 5-year strategy outlined in section 101 and shall include comprehensive HIV/AIDS prevention education at the individual and national level including the ABC ('Abstain, Be faithful, use Condoms') model as a means to reduce HIV infections and shall include the following:

''(A) Specific goals under the five-year strategy outlined in section 101.

''(B) Empowering women and youth to avoid cross-generational sex and to decide when and whom to marry in order to reduce the incidence of early or child marriage.

''(C) Dramatically increasing access to currently available female-controlled prevention methods and including investments in training to increase the effective and consistent use of both male and female condoms.

''(D) Accelerating the de-stigmatization of HIV/AIDS among women and youth as a major risk factor for the transmission of HIV.

''(E) Addressing and preventing post-traumatic and psycho-social consequences and providing post-exposure prophylaxis to victims of gender-based violence and rape against women and youth through appropriate medical, social, educational, and legal assistance and through prosecutions and legal penalties to address such violence.

''(F) Promoting changes in male attitudes and behavior that respect the human rights of women and youth and that support and foster gender equality.

''(G) Supporting the development of microenterprise initiatives, job training programs, and other such efforts to assist women in developing and retaining independent economic means.

''(H) Supporting universal basic education and expanded educational opportunities for women and youth.

''(I) Protecting the property and inheritance rights of women.

''(J) Coordinating inclusion of HIV/AIDS prevention information and education services and programs for individuals with HIV/AIDS with existing health care services targeted to women and youth, such as ensuring access to HIV/AIDS education and testing in family planning programs supported by the United States Government and programs to reduce mother-to-child transmission of HIV, and expanding the reach of such HIV/AIDS health services.

''(K) Promoting gender equality by supporting the development of nongovernmental organizations, including faith-based and community-based organizations, that support the needs of women and utilizing such organizations that are already empowering women and youth at the community level.

''(L) Encouraging the creation and effective enforcement of legal frameworks that guarantee women equal rights and equal protection under the law.

''(M) Encouraging the participation and involvement of women in drafting, coordinating, and implementing the national HIV/AIDS strategic plans of their countries.

''(N) Responding to other economic and social factors that increase the vulnerability of women and youth to HIV infection.

''(3) TRANSMISSION TO CONGRESS AND PUBLIC AVAILABILITY.—Not later than 180 days after the date of the enactment of the Tom Lantos and Henry J. Hyde Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008, the President shall transmit to the appropriate congressional committees and make available to the public the strategy required under paragraph (1).

''(c) COORDINATION.—In formulating and implementing the strategy required under subsection (b), the President shall ensure that the United States coordinates its overall HIV/AIDS policy and programs with the national governments of the countries for which the United States provides assistance to combat HIV/AIDS and, to the extent practicable, with international organizations, other donor countries, and indigenous organizations, including faith-based and community-based organizations specifically for the purposes of ensuring gender equality and promoting respect of the human rights of women that impact their susceptibility to HIV/AIDS, improving women's health, and expanding education for women and youth, and organizations, including faith-based and other nonprofit organizations, providing services to and advocating on behalf of individuals with HIV/AIDS and individuals affected by HIV/AIDS.

''(d) GUIDANCE.—

''(1) IN GENERAL.—The President shall provide clear guidance to field missions of the United States Government in countries for which the United States provides assistance to combat HIV/AIDS, based on the strategy required under subsection (b).

''(2) TRANSMISSION TO CONGRESS AND PUBLIC AVAILABILITY.—The President shall transmit to the appropriate congressional committees and make available to the public a description of the guidance required under paragraph (1).

''(e) REPORT.—

''(1) IN GENERAL.—Not later than 1 year after the date of the enactment of the Tom Lantos and Henry J. Hyde Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008, and annually thereafter as part of the annual report required under section 104A(e) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b–2(e)), the President shall transmit to the appropriate congressional committees and make available to the public a report on the implementation of this section for the prior fiscal year.

''(2) MATTERS TO BE INCLUDED.—The report required under paragraph (1) shall include the following:

''(A) A description of the prevention programs designed to address the vulnerabilities of women and youth to HIV/AIDS.

''(B) A list of nongovernmental organizations in each country that receive assistance from the United States to carry out HIV prevention activities, including the amount and the source of funding received.''.

(b) CLERICAL AMENDMENT.—The table of contents for the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7601 note) is amended by inserting after the item relating to section 315 the following:

''Sec. 316. Strategy to prevent HIV infections among women and youth.''.

SEC. 314. CLERICAL AMENDMENT.

The table of contents for the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7601 note) is amended by striking the item relating to subtitle B of title III and inserting the following:

''Subtitle B—Assistance for Women, Children, and Families''.

TITLE IV—AUTHORIZATION OF APPROPRIATIONS

SEC. 401. AUTHORIZATION OF APPROPRIATIONS.

Section 401(a) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7671(a)) is amended—

(1) by striking ''$3,000,000,000'' and inserting ''$10,000,000,000''; and

(2) by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013''.

SEC. 402. SENSE OF CONGRESS.

Section 402(b) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7672) is amended—

(1) by striking paragraph (1);

(2) by redesignating paragraphs (2) through (4) as paragraphs (1) through (3), respectively; and

(3) in paragraph (2) (as redesignated by paragraph (2) of this section), by striking '', of which'' and all that follows through ''programs''.

SEC. 403. ALLOCATION OF FUNDS.

(a) HIV/AIDS PREVENTION ACTIVITIES.—Subsection (a) of section 403 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7673) is amended to read as follows:

''(a) HIV/AIDS PREVENTION ACTIVITIES.—

''(1) IN GENERAL.—For each of the fiscal years 2009 through 2013, not less than 20 percent of the amounts appropriated pursuant to the authorization of appropriations under section 401 for HIV/AIDS assistance for each such fiscal year shall be expended for HIV/AIDS prevention activities consistent with section 104A(d) of the Foreign Assistance Act of 1961.

''(2) BALANCED FUNDING REQUIREMENT.—(A) The Coordinator of United States Government Activities to Combat HIV/AIDS Globally shall provide balanced funding for prevention activities for sexual transmission of HIV/AIDS and shall ensure that behavioral change programs, including abstinence, delay of sexual debut, monogamy, fidelity and partner reduction, are implemented and funded in a meaningful and equitable way in the strategy for each host country based on objective epidemiological evidence as to the source of infections and in consultation with the government of each host county involved in HIV/AIDS prevention activities.

''(B) In fulfilling the requirement under subparagraph (A), the Coordinator shall establish a HIV sexual transmission prevention strategy governing the expenditure of funds authorized by the Act used to prevent the sexual transmission of HIV in any host country with a generalized epidemic. In each such host country, if this strategy provides less than 50 percent of such funds for behavioral change programs, including abstinence, delay of sexual debut, monogamy, fidelity, and partner reduction, the Coordinator shall, within 30 days of the issuance of this strategy, report to the appropriate congressional committees on the justification for this decision.

''(C) Programs and activities that implement or purchase new prevention technologies or modalities such as medical male circumcision, pre-exposure prophylaxis, or microbicides and programs and activities that provide counseling and testing for HIV or prevent mother-to-child prevention of HIV shall not be included in determining compliance with this paragraph.

''(3) REPORT.—Not later than 1 year after the date of the enactment of the Tom Lantos and Henry J. Hyde Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008, and annually thereafter as part of the annual report required under section 104A(e) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b–2(e)), the President shall transmit to the appropriate congressional committees and make available to the public a report on the implementation of paragraph (2) for the prior fiscal year.''.

(b) ORPHANS AND VULNERABLE CHILDREN.—Subsection (b) of such section is amended by

striking ''fiscal years 2006 through 2008'' and inserting ''fiscal years 2009 through 2013''.

SEC. 404. PROHIBITION ON TAXATION BY FOREIGN GOVERNMENTS.

(a) PROHIBITION ON TAXATION.—None of the funds appropriated pursuant to the authorization of appropriations under section 401 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7671) may be made available to provide assistance for a foreign country under a new bilateral agreement governing the terms and conditions under which such assistance is to be provided unless such agreement includes a provision stating that assistance provided by the United States shall be exempt from taxation, or reimbursed, by the foreign government, and the Secretary of State shall expeditiously seek to negotiate amendments to existing bilateral agreements, as necessary, to conform with this requirement.

(b) DE MINIMUS EXCEPTION.—Foreign taxes of a de minimus nature shall not be subject to the provisions of subsection (a).

(c) REPROGRAMMING OF FUNDS.—Funds withheld from obligation for each country or entity pursuant to subsection (a) shall be reprogrammed for assistance to countries which do not assess taxes on United States assistance or which have an effective arrangement that is providing substantial reimbursement of such taxes.

(d) DETERMINATIONS.—

(1) IN GENERAL.—The provisions of this section shall not apply to any country or entity the Secretary of State determines—

(A) does not assess taxes on United States assistance or which has an effective arrangement that is providing substantial reimbursement of such taxes; or

(B) the foreign policy interests of the United States outweigh the policy of this section to ensure that United States assistance is not subject to taxation.

(2) CONSULTATION.—The Secretary of State shall consult with the Committees on Foreign Affairs and Appropriations at least 15 days prior to exercising the authority of this subsection with regard to any country or entity.

(e) IMPLEMENTATION.—The Secretary of State shall issue rules, regulations, or policy guidance, as appropriate, to implement the prohibition against the taxation of assistance contained in this section.

(f) DEFINITIONS.—As used in this section—

(1) the terms ''taxes'' and ''taxation'' refer to value added taxes and customs duties imposed on commodities financed with United States assistance for programs for which funds are authorized by this Act; and

(2) the term ''bilateral agreement'' refers to a framework bilateral agreement between the Government of the United States and the government of the country receiving assistance that describes the privileges and immunities applicable to United States foreign assistance for such country generally, or an individual agreement between the Government of the United States and such government that describes, among other things, the treatment for tax purposes that will be accorded the United States assistance provided under that agreement.

TITLE V—SUSTAINABILITY AND STRENGTHENING OF HEALTH CARE SYSTEMS

SEC. 501. SUSTAINABILITY AND STRENGTHENING OF HEALTH CARE SYSTEMS.

The United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7601 et seq.) is amended by adding at the end the following:

''TITLE VI—SUSTAINABILITY AND STRENGTHENING OF HEALTH CARE SYSTEMS

''SEC. 601. FINDINGS.

''Congress makes the following findings:

''(1) The shortage of health personnel, including doctors, nurses, pharmacists, counselors, laboratory staff, and paraprofessionals, is one of the leading obstacles to fighting HIV/AIDS in sub-Saharan Africa.

''(2) The HIV/AIDS pandemic aggravates the shortage of health workers through loss of life and illness among medical staff, unsafe working conditions for medical personnel, and increased workloads for diminished staff, while the shortage of health personnel undermines efforts to prevent and provide care and treatment for individuals with HIV/AIDS.

''(3) Failure to address the shortage of health care professionals and paraprofessionals, and the factors forcing such individuals to leave sub-Saharan Africa, will undermine the objectives of United States development policy and will subvert opportunities to achieve internationally-recognized goals for the prevention, treatment, and care of HIV/AIDS and other diseases, the reduction of child and maternal mortality, and for economic growth and development in sub-Saharan Africa.

''SEC. 602. NATIONAL HEALTH WORKFORCE STRATEGIES AND OTHER POLICIES.

''(a) NATIONAL HEALTH WORKFORCE STRATEGIES.—

''(1) STATEMENT OF POLICY.—It shall be the policy of the United States Government to support countries receiving United States assistance to combat HIV/AIDS, tuberculosis, and malaria, and other health programs in developing, strengthening, and implementing 5-year health workforce strategies.

''(2) TECHNICAL AND FINANCIAL ASSISTANCE.—The Administrator of the United States Agency for International Development, in coordination with the Coordinator of United States Government Activities to Combat HIV/AIDS Globally, is authorized to provide technical and financial assistance to countries described in paragraph (1) to enable such countries, in conjunction with other funding sources, to develop, strengthen, and implement health workforce strategies.

''(3) ACTIVITIES SUPPORTED.—Assistance provided under paragraph (2) shall, to the maximum extent practicable, be used to carry out the following:

''(A) Activities to promote an inclusive process that includes nongovernmental organizations and individuals with HIV/AIDS in developing health workforce strategies.

''(B) Activities to achieve and sustain a health workforce sufficient in numbers, skill, and capacity to meet United States and host-country international health commitments, including the Millennium Development Goals and universal access to HIV/AIDS prevention, treatment, and care. In particular, such health workforce strategies should include plans for progress toward achieving the minimum ratio of health professionals required to achieve these goals by 2015, estimated by the World Health Organization to require at least 2.3 doctors, nurses, and midwives per 1,000 population, and additional health workers such as pharmacists and lab technicians.

''(C) Activities to ensure that health workforce strategies are aimed at creating appropriate distribution of health workers and prioritizing activities required to ensure rural, marginalized, and other underserved populations are able to access skilled and equipped health workers.

''(D) Activities to expand the capacity of public and private medical, nursing, pharmaceutical, and other health training institutions.

''(b) POSITIVE BROADER HEALTH IMPACT.—It shall be the policy of the United States to ensure to expand the capacity of the health workforce engaged in HIV/AIDS programming in ways that contribute to, and do not detract from, the capacity of countries to meet other health needs, particularly child survival and maternal health.

''(c) SAFETY FOR HEALTH WORKERS.—It is the sense of Congress that the United States should ensure that all health workers participating in programs that receive assistance under this Act and the amendments made by this Act have the proper training to create safe and sanitary working conditions in accordance with universal precautions and other forms of infection prevention and control.

''(d) HEALTH CARE FOR HEALTH WORKERS.—The Coordinator of United States Government Activities to Combat HIV/AIDS Globally shall ensure that comprehensive and confidential health services shall be provided to all health workers participating in programs that receive assistance under this Act and the amendments made by this Act, including—

''(1) testing and counseling for all such employees;

''(2) providing HIV/AIDS treatment to HIV-positive employees; and

''(3) taking measures to reduce HIV-related stigma in the workplace.

''(e) TRAINING AND COMPENSATION FINANCE.—Where the Coordinator determines such financial support is essential to fulfill the purposes of this Act, the Coordinator shall finance training and provide compensation or other benefits for health workers in order to enhance recruitment and retention of such workers.

''SEC. 603. EXEMPTION OF INVESTMENTS IN HEALTH FROM LIMITS SOUGHT BY INTERNATIONAL FINANCIAL INSTITUTIONS.

''(a) COORDINATION WITHIN THE UNITED STATES GOVERNMENT.—The Coordinator of United States Government Activities to Combat HIV/AIDS Globally shall work with the Secretary of the Treasury to reform International Monetary Fund macroeconomic and fiscal policies that result in limitations on national and donor investments in health.

''(b) POSITION OF THE UNITED STATES AT THE IMF.—The Secretary of the Treasury shall instruct the United States Executive Director at the International Monetary Fund to use the voice, vote, and influence of the United States to oppose any loan, project, agreement, memorandum, instrument, plan, or other program of the International Monetary Fund that does not exempt increased government spending on health care from national budget caps or restraints, hiring or wage bill ceilings, or other limits sought by any international financial institution.

''SEC. 604. PUBLIC-SECTOR PROCUREMENT, DRUG REGISTRATION, AND SUPPLY CHAIN MANAGEMENT SYSTEMS.

''(a) IN GENERAL.—The Coordinator of United States Government Activities to Combat AIDS Globally shall work with the Partnership for Supply Chain Management Systems, host countries, and nongovernmental organizations to develop effective, reliable host country-owned and operated public-sector procurement and supply chain management systems, including regional distribution, with ongoing technical assistance and sustained support to ensure the function of such systems, as well as the function of existing non-public sector supply chains, including those operated by faith-based and other humanitarian organizations that procure and distribute medical supplies.

''(b) AVAILABILITY OF EQUIPMENT AND SUPPLIES.—The public-sector procurement and supply chain management systems developed pursuant to subsection (a) should ensure that adequate laboratory equipment and supplies commonly needed to fight HIV/AIDS, including diagnostic tests for CD4 and viral load counts, x-ray machines, mobile and facility-based rapid HIV test kits and other necessary assays, reagents and basic supplies such as sterile syringes and gloves, are available and distributed in a manner that is accessible to urban and rural populations.

''(c) DRUG REGISTRATION.—The Coordinator shall work with host country partners and development partners to support efficient and effective drug approval and registration systems that allow expeditious access to safe and effective drugs, including antiretroviral drugs.

''(d) REPORT.—The Coordinator shall submit to the appropriate congressional committees an annual report on the implementation of this section, including progress toward specific benchmarks established by the Partnership for Supply Chain Management Systems, and the projection of when host countries can fully sustain their own procurement and supply chain management and distribution systems at a scale necessary for national primary health needs.

''SEC. 605. AUTHORIZATION OF APPROPRIATIONS.

''(a) IN GENERAL.—Of the amounts authorized to be appropriated under section 401 for HIV/AIDS assistance, there are authorized to be appropriated to the President such sums as may be necessary for each of the fiscal years 2009 through 2013 to carry out this title.

''(b) AVAILABILITY.—Amounts appropriated pursuant to the authorization of appropriations under subsection (a) are authorized to remain available until expended.''.

SEC. 502. CLERICAL AMENDMENT.

The table of contents for the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7601 note) is amended by inserting after the items relating to title V the following:

''TITLE VI—SUSTAINABILITY AND STRENGTHENING OF HEALTH CARE SYSTEMS

''Sec. 601. Findings.

''Sec. 602. National health workforce strategies and other policies.

''Sec. 603. Exemption of investments in health from limits sought by international financial institutions.

''Sec. 604. Public-sector procurement, drug registration, and supply chain management systems.

''Sec. 605. Authorization of appropriations.''.

The CHAIRMAN. No amendment to the bill is in order except those printed in House Report 110–562. Each amendment may be offered only in the order printed in the report, by a Member designated in the report, shall be considered read, shall be debatable for the time specified in the report, equally divided and controlled by the proponent and an opponent of the amendment, shall not be subject to amendment, and shall not be subject to a demand for division of the question.

AMENDMENT NO. 1 OFFERED BY MR. BLUMENAUER

The CHAIRMAN. It is now in order to consider amendment No. 1 printed in House Report 110–562.

Mr. BLUMENAUER. Madam Chairman, I have an amendment made in order under the rule.

The CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 1 offered by Mr. BLUMENAUER:

Page 59, line 7, insert '', safe drinking water,'' after ''nutrition''.

The CHAIRMAN. Pursuant to House Resolution 1065, the gentleman from Oregon (Mr. BLUMENAUER) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Oregon.

Mr. BLUMENAUER. Madam Chairman, I yield myself such time as I may consume.

Madam Chairman, it is a pleasure for me to rise dealing with the underlying legislation that contains an important section to address barriers that might limit the start of and adherence to treatment services. This section also encourages direct linkages between the efforts to treat HIV/AIDS, nutrition and income security programs.

I applaud the chairman and ranking member for the work that they have done bringing this together, and the recognition that dealing with HIV-AIDS must be done in a holistic fashion that treats the entire person and their environment, not just the disease.

I have a very personal connection to this legislation now that was not present when I first started working on issues of water for the poor now that I have a daughter working in Mozambique in the Peace Corps who is dealing with these problems on a day-to-day basis.

This direct amendment would add safe drinking water to nutrition and income security on the list of programs for which direct linkages are encouraged. This is an important tribute to our late colleagues, Chairman Lantos and Chairman Hyde, who were so instrumental in the enactment of our Water for the Poor Act, and their insights that are bringing safe drinking is an important component of developmental sectors from health to the environment. To include safe drinking water in legislation through which we honor their memories is a small testament to their lasting legacies.

Including safe drinking water is critical because we cannot treat HIV/AIDS without safe drinking water. USAID has recognized in its guidance for missions carrying out these programs that people with HIV/AIDS are at increased risk for diarrheal diseases and far more likely to suffer severe and chronic complications if infected.

There is terrible irony in providing patients with advanced antiretroviral agents, and then asking them to use the water in a glass that may infect them with a life-threatening illness to wash down the life-saving pills.

To add irony, one of the complications of diarrheal illnesses is HIV-infected patients have a reduced ability to absorb antiretroviral and other medications from the gut. This poor absorption can contribute to the development of HIV strains that are resistant. In addition to the negative impact on life expectancy and quality of life, they also add significantly to the burdens on caregivers in clinics and at home and put them and other family members at risk for infection.

We are all a part of this in the global community. This legislation is important to tie these challenges together, not deal with it piecemeal, and to help with advancing the overall objective of this legislation.

Madam Chairman, I reserve the balance of my time.

Ms. ROS-LEHTINEN. Madam Chairman, I ask unanimous consent to claim the time in opposition to the amendment for purposes of debate.

The CHAIRMAN. Without objection, the gentlewoman from Florida is recognized for 5 minutes.

There was no objection.

Ms. ROS-LEHTINEN. Madam Chairman, I yield myself such time as I may consume.

Madam Chairman, I support Mr. BLUMENAUER's amendment, which would add safe drinking water to nutrition and income security on the list of programs for which direct linkages are encouraged. For patients whose immune systems have been compromised by AIDS, the availability of safe, clean drinking water is vitally important. This is especially true for HIV positive women with young infants who use infant formula to avoid transmitting the virus to their babies during feeding. If the water used in the formula is not clean, their babies are at high risk for waterborne diseases. Therefore, this amendment would allow PEPFAR to link with existing safe drinking water programs in order to provide clean water to these treatment patients.

Mr. BERMAN. Madam Chairman, will the gentlewoman yield?

Ms. ROS-LEHTINEN. I yield to the gentleman from California.

Mr. BERMAN. Madam Chairman, I appreciate the gentlewoman yielding, and I rise to join you in supporting the gentleman's amendment. What was interesting to me was to learn, and there are many things I learned in this bill that I didn't know, but one was that about 1.2 billion people globally lack safe water to consume in the least-developed countries, and up to 90 percent of AIDS patients, 90 percent, suffer and frequently die from the chronic diarrheal diseases that the gentleman discussed. These diseases are caused by the use of unsafe water.

This is a compelling amendment. I join the gentlewoman in supporting it.

Ms. ROS-LEHTINEN. Madam Chairman, I would also like to yield such time as he may consume to the gentleman from New Jersey (Mr. PAYNE).

Mr. PAYNE. Madam Chairman, I rise in support of Mr. BLUMENAUER's amendment to ensure that safe drinking water is a component of our HIV/AIDS strategy. Congressman

BLUMENAUER, the lead sponsor of the Water for the Poor Act of 2005, has been a strong advocate on this issue for years, and he was kind enough to testify about the challenge of clean water in Africa at a hearing of the Subcommittee on Global Health I chaired in May of 2007.

During the course of that hearing, it became clear that in Africa, the region hardest hit by the AIDS pandemic, the problem of safe water is particularly acute. The total number of people without access to potable water in the region has actually increased by 60 million in the past half decade. That is why Mr. BLUMENAUER and I, along with other Members of Congress, successfully secured $300 million for safe drinking water and sanitation projects for fiscal year 2008.

We all know that HIV compromises the immune system. Those infected with the disease are far more likely to succumb to the illness caused by unsafe drinking water, especially if they are children, and there is no way that people can take ARVs if they do not have access to clean drinking water.

I strongly support Mr. BLUMENAUER's amendment, and thank him for his cosponsorship of H. Res. 318, supporting the goals of the United Nations International Year of Sanitation. His resolution encourages international communities to achieve the target of halving the proportion of people without access to safe drinking water and basic sanitation. I encourage my colleagues to support the Blumenauer amendment.

Mr. BLUMENAUER. Madam Chairman, I yield myself such time as I may consume.

I would like to express my deep appreciation to Chairman PAYNE. I appreciate the ranking member yielding time to him. I was prepared to do so, but she was able to give him more time, and that is important.

Congressman PAYNE, your laser-like focus on this with the subcommittee, your long-term advocacy, your work on the continent, is something that I find inspirational. I look forward to working with you and partnering on these issues as we move forward.

To the Chair and ranking member, your willingness to include this is important, and our work together to be able to focus on the whole person and to be able to deal with waterborne disease, the number one preventible cause of death and disease around the world. Half the people who are sick today anywhere in the world are sick needlessly from water-borne disease. Adding this critical amendment to your important legislation is an important step forward. I hope it is just one step that we can work on together to bring people around the world to support this critical priority.

As I say, I can think of no more fitting tribute to your previous predecessors as Chair of the committee, Congressman Hyde and Congressman Lantos, who worked so hard to advance this cause. I urge adoption of this amendment.

Madam Chairman, I yield back the balance of my time.

Ms. ROS-LEHTINEN. Madam Chairman, I yield back the balance of my time.

The CHAIRMAN. The question is on the amendment offered by the gentleman from Oregon (Mr. BLUMENAUER).

The amendment was agreed to.

AMENDMENT NO. 2 OFFERED BY MR. FORTENBERRY

The CHAIRMAN. It is now in order to consider amendment No. 2 printed in House Report 110–562.

Mr. FORTENBERRY. Madam Chairman, I have an amendment at the desk.

The CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 2 offered by Mr. FORTENBERRY:

Page 43, line 4, insert before the period at the end the following: '', including both Principal Recipients and sub-recipients''.

The CHAIRMAN. Pursuant to House Resolution 1065, the gentleman from Nebraska (Mr. FORTENBERRY) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Nebraska.

Mr. FORTENBERRY. Madam Chairman, I yield myself such time as I may consume.

Madam Chairman, as a member of the House Foreign Affairs Committee and the Subcommittee on Africa and Global Health, I have been involved extensively in the issues before us today. I really do appreciate the bipartisan cooperation that has guided this process, particularly by Chairman BERMAN and our ranking member, Ms. ROS-LEHTINEN. Thank you. This bill is appropriately named for two giants of this institution, Tom Lantos and Henry Hyde.

My amendment addresses the issue of transparency and accountability in the Global Fund. The Global Fund is a unique, non-governmental multilateral organization headquartered in Switzerland and focused on combating HIV/AIDS, tuberculosis and malaria throughout the developing world.

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The U.S. Government is the single largest provider of resources and technical assistance to the Global Fund, and since 2001 Congress has appropriated nearly $4 billion to the Fund. The Lantos-Hyde bill before us today authorizes additional funds that will total in the billions.

The bill currently and appropriately calls for systematic assessments of performance data of principal recipients and subrecipients of funds, as recommended by the Government Accountability Office, the GAO. This technical amendment simply clarifies that audits by the Fund's Inspector General should also encompass principal recipients and subrecipients, the entities that actually receive programmatic funding.

Madam Chairman, I believe that this amendment strengthens the spirit of accountability that is present in the underlying bill. According to a June 2005 report by the GAO, the Global Fund possessed a limited ability to monitor and evaluate grants. Concerns have also been raised that the volume of funding provided through the Global Fund may exceed the capacity of the recipients in the field to actually utilize it.

Since we are considering an additional contribution that may total in the billions of U.S. taxpayer dollars to the Global Fund over the life of this reauthorization, I believe that it would be beneficial for ourselves, as well as for the Fund, as well as for other donors, to have additional clarity on how these funds are being used in the field for those most in need of our assistance.

Madam Chairman, I intend to support the overall bill, and I urge my colleagues to support this amendment.

I reserve the balance of my time.

Mr. BERMAN. Madam Chairman, while I do not oppose the amendment, I ask unanimous consent to take the time in opposition.

The CHAIRMAN. Without objection, the gentleman from California is recognized for 5 minutes.

There was no objection.

Mr. BERMAN. Madam Chairman, the gentleman's amendment, and I have spoken to him about it, encourages the Global Fund Inspector General to not only audit its grantees, but also the subgrantees and subrecipients who receive Global Fund money.

Obviously, I share the gentleman's concern that transparency and accountability in the use of HIV/AIDS assistance provided through the Global Fund is critically important for all the reasons that he stated. The Global Fund, in all fairness, I do want to point out, has shown, I believe, its commitment to that transparency and accountability. It has a new inspector general, and has instituted an enhanced accounting system that focuses on improving accountability among subrecipients. But the principle of this amendment makes sense. While there are some technical issues I will want to talk to him about as we move through the legislative process, I look forward to working with him on it and I certainly urge the adoption of the amendment.

I yield 1 minute to the gentlelady from Florida, the ranking member.

Ms. ROS-LEHTINEN. Madam Chairman, I also support Mr. FORTENBERRY's amendment which would ensure that audits by the Global Fund Inspector General include information on subcontractors.

The U.S. government is the largest contributor to the Global Fund to fight HIV/AIDS, tuberculosis, and malaria. Since the fund was created, the U.S.

has appropriated and pledged $3.5 billion for contributions to the Global Fund, representing nearly one-third of the total budget of the Global Fund. It is an important component to the world's response to these three diseases, and has made progress on issues of transparency and accountability in recent years.

As the bill makes clear, continued support to the Global Fund should be based on the Fund's ability to meet certain transparency and accountability benchmarks.

This amendment builds on and clarifies the underlying text in order to ensure that the audits conducted by the Global Fund's Office of Inspector General cover both primary recipients of grant funding and subrecipients who perform smaller pieces of the grants. These audits are important. I thank the gentleman for the time, and I support the Fortenberry amendment on Inspector General audits at the Global Fund.

Mr. BERMAN. Madam Chairman, I yield 1 minute to the chairman of the Africa Subcommittee, the gentleman from New Jersey (Mr. PAYNE).

Mr. PAYNE. Madam Chairman, I rise to speak on the amendment offered by Mr. FORTENBERRY. We appreciate the work that he does on the subcommittee and he contributes greatly.

We feel that the Inspector General has been doing an adequate job; however, we do not oppose this amendment. The Office has approved over $10 billion for programs in 136 countries around the world so far, which amounts to 21 percent of all donor HIV/AIDS spending, and two-thirds of all the donor spending on malaria and tuberculosis. Through the Global Fund, 1.4 million people have been treated with life-saving antivirals, 3.3 million cases of TB have been treated; and, in a new area, 46 million bed nets have been distributed to protect children against malaria. And I am pleased to say that Ray Chambers from New Jersey and my congressional district has been appointed ambassador for the U.N. to combat malaria.

So, we do not oppose this amendment, and we look forward to the bill's passage.

Mr. BERMAN. Madam Chairman, I have no further requests for time, and I yield back the balance of my time.

Mr. FORTENBERRY. Madam Chairman, I want to thank the chairman of the Foreign Affairs Committee for his support of this. I understand the concerns he addressed and understand his comments, as well as the chairman's of the subcommittee. I look forward to continuing to work with him, but do appreciate his support of the amendment.

I yield back the balance of my time.

The CHAIRMAN. The question is on the amendment offered by the gentleman from Nebraska (Mr. FORTENBERRY).

The amendment was agreed to.

AMENDMENT NO. 3 OFFERED BY MS. MC COLLUM OF MINNESOTA

The CHAIRMAN. It is now in order to consider amendment No. 3 printed in House Report 110–562.

Ms. MCCOLLUM of Minnesota. Madam Chairman, I have an amendment made in order under the rule.

The CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 3 offered by Ms. MCCOLLUM of Minnesota:

Page 35, line 13, insert ``, Malawi, Swaziland, Lesotho'' after ``Republic''.

The CHAIRMAN. Pursuant to House Resolution 1065, the gentlewoman from Minnesota (Ms. MCCOLLUM) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Minnesota.

Ms. MCCOLLUM of Minnesota. Madam Chairman, the amendment offered by Mr. JACKSON of Illinois and myself would add three Southern African countries, Malawi, Swaziland, and Lesotho, to the lists of countries that will be a part of the focus countries in the reauthorization of this Global HIV/AIDS legislation.

In 2003, the original PEPFAR legislation designated 14 focus countries. These countries were prioritized for intensive investment of resources and technical expertise as provided through PEPFAR. The bill on the floor today adds focus countries by designating Vietnam and 14 Caribbean basic countries with PEPFAR focus status. Unfortunately, these three countries in Southern Africa, each confronting devastation as a result of HIV/AIDS, have not been granted priority status in PEPFAR. The crisis of HIV/AIDS confronting Malawi, Swaziland, and Lesotho is real and in some cases worse than the existing focus countries.

Malawi is a country of 13 million people, with 900,000 children orphaned by AIDS and nearly 1 million of its adults living with HIV, a 14 percent infection rate. Swaziland, with a population of only 1.1 million people, has over 200,000 adults living with HIV, one in three adults, or a 33 percent adult infection rate. Lesotho has a population of 2 million people, and an HIV infection rate among its adults of 23 percent.

These three countries are not only confronting HIV and AIDS, but they are also among the poorest countries on the planet, which makes their challenge so much greater. Malawi, for example, is 164th out of 177 countries on the United Nations Human Development Index. Also, each country is geographically surrounded by countries that were designated focus countries in the original PEPFAR legislation, South Africa, Mozambique, Zambia, Tanzania, which are presently receiving massive investments to confront their epidemics.

Malawi, Swaziland and Lesotho are working bilaterally with the United States; but by not being granted PEPFAR's focus country status, the gap that they face between the needs and available resources means that too many people will continue to be infected, too many people will continue to die needlessly, and too many orphans will be left to fend for themselves.

This amendment has the support of the governments of Malawi, Swaziland and Lesotho.

I submit for the RECORD a letter of support from the three governments.

EMBASSY OF THE REPUBLIC OF MALAWI,
Washington, DC, March 28, 2008.

Hon. BETTY MCCOLLUM,
House of Representatives,
Washington DC.

DEAR HONOURABLE MCCOLLUM, we are writing to follow up on our recent meeting during which we discussed, among other things, the re-authorization of the President's Emergency Plan for AIDS Relief (PEPFAR).

We are deeply concerned that the three countries that have been heavily impacted by the HIV/AIDS virus in Southern Africa, and whose prevalence rates are above 14% have been left out from the new list of focus countries as reflected in H.R. 5501. Our countries have become islands amidst countries that are receiving tremendous resources from PEPFAR within the region.

The AIDS epidemic in our countries has brought additional pressure to bear on the health sector. We are failing to train adequate number of health workers to provide services to those living with HIV and suffering from AIDS. The few that we have trained have died from the virus while others have left the continent for greener pastures in the western countries. Although the recent increase in the provision of ARV has brought hope to many, it has also put increased strain on the remaining healthcare workers. In addition, there are many more people living with the HIV virus who are not receiving treatment due to lack of resources to purchase drugs and to train personnel to administer treatment.

The presence of AIDS has also affected many households. Many children have lost one or both parents due to HIV/AIDS. At the same time, we have a large number of children who were born with the virus because the risk of mother-to-child transmission remains very high. Although we have put in place orphan care programs, the need for more resources to provide comprehensive care cannot be overemphasized. The pandemic has also added strain to the food insecurity in many areas because agricultural work has been neglected or abandoned due to household illness. The labor force, in general, has also been affected by HIV/AIDS, setting back economic and social progress.

Our leadership is highly committed to the fight against HIV/AIDS. Our governments have provided enough domestic resources within their means and are receiving external funding for HIV/AIDS programs. However, there is a wide funding gap between planned programs and resources required for implementation. It is for this reason that we humbly request you to introduce an amendment to H.R. 5501, to include Lesotho, Malawi and Swaziland as focus countries.

Your assistance on this matter will be greatly appreciated.

Yours sincerely,

HAWA OLGA NDILOWE,
Ambassador of Malawi to the U.S.

EPHRAIM MANDLENKOSI M. HOPE,
Ambassador of the Kingdom of Swaziland to the U.S.

MABASIA NTSOAKI MOHOBANE,
Charge d'Affaires, Embassy of the Kingdom of Lesotho to the U.S.

These countries believe, as I do, that the severity of the epidemic in their countries should make their fight against AIDS a priority for this Congress and for the American people.

Finally, I want to thank the chairman and the ranking member for their commitment for fighting HIV/AIDS, and for their hard work in bringing H.R. 5501 to the floor.

I also had the honor of serving on the International Relations Committee under the leadership of Mr. Hyde and Mr. Lantos when we passed the original PEPFAR legislation. They were both extraordinary men and wonderful mentors to me. They were compassionate leaders in this House, and it is fitting that we pay tribute to their lives and their contributions to this country by passing a bill that will save lives and improve life all around the world. I urge my colleagues to support this amendment to be included in the bill, and also to support passage of this important bill.

I reserve the balance of my time.

Ms. ROS-LEHTINEN. Madam Chairman, I ask unanimous consent to claim the time in opposition to the amendment for purposes of debate.

The CHAIRMAN. Without objection, the gentlewoman from Florida is recognized for 5 minutes.

Ms. ROS-LEHTINEN. Madam Chairman, I actually support the McCollum-Jackson amendment, which would add Malawi, Swaziland and Lesotho to the list of countries in which the Global AIDS Coordinator is given explicit statutory authority.

Malawi, Swaziland, and Lesotho all face major HIV/AIDS epidemics and have received significant resources through PEPFAR in the first 5 years of implementation. By giving the Global AIDS Coordinator explicit authority over the U.S. Government's HIV/AIDS programs in these countries, the Congress is signaling that it believes the U.S. Government should continue to come alongside these nations' governments and their citizens to support them in the fight against HIV/AIDS, and I commend Ms. MCCOLLUM and Mr. JACKSON for offering it.

I would like to yield the remaining time, Madam Chairman, to our chairman, Chairman BERMAN of California, as well as Mr. PAYNE of New Jersey, with Mr. PAYNE of New Jersey first.

Mr. PAYNE. I thank the gentlelady for yielding. I rise in strong support of the amendment offered by the gentlelady from Wisconsin.

Southern Africa has the highest rate of HIV and AIDS in the entire world. In Lesotho, we have heard, a country with an HIV/AIDS prevalence rate of 38 percent among pregnant women, only 19 percent of those in need of treatment for the disease have access for it. Even more troubling is the fact that only 5 percent of HIV-positive mothers get drugs to prevent the transmission of the virus to their children during childbirth. Life expectancy for women is 44 years, and for men a mere 39.

In Malawi, the situation is a little better; men are expected to live 41 years, women 42. The health care worker shortage in the country remains a major obstacle.

Circumstances in Swaziland are equally grim: 26 percent of adults are HIV positive. In a country of just over 1 million, there are 70,000 AIDS orphans. Clearly, HIV and AIDS pose a dire threat in these countries and must be urgently addressed. Therefore, I commend the gentlewoman, Ms. MCCOLLUM, for her amendment to make Swaziland, Lesotho, and Malawi focus countries, and I urge my colleagues to support this amendment.

Ms. ROS-LEHTINEN. Madam Chairman, if I could yield now to Chairman BERMAN, the gentleman from California.

Mr. BERMAN. I thank the gentlelady for yielding.

I support this amendment. I congratulate Representatives MCCOLLUM and JACKSON for their leadership in adding these hard-hit nations to the focus country list.

All three of these Southern African countries suffer from both high HIV/AIDS prevalence rates and high poverty rates, with devastating effects. The statistics in all three countries regarding AIDS have been put on the record by both the gentlelady from Minnesota and the gentleman from New Jersey, so I will just add my words of support for the amendment.

□ 1445

Ms. ROS-LEHTINEN. Madam Chairman, I yield back the balance of my time.

Ms. MCCOLLUM of Minnesota. Madam Chairman, I would like to thank the chairman, the ranking member, and the distinguished Chair of the Subcommittee on Africa and Global Health for their kind words, and urge all of my colleagues to support the amendment.

I yield back the balance of my time.

The CHAIRMAN. The question is on the amendment offered by the gentlewoman from Minnesota (Ms. MCCOLLUM).

The amendment was agreed to.

AMENDMENT NO. 4 OFFERED BY MR. CARSON OF INDIANA

The CHAIRMAN. It is now in order to consider amendment No. 4 printed in House Report 110–562.

Mr. CARSON of Indiana. Madam Chairman, I have an amendment made in order under the rule.

The CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 4 offered by Mr. CARSON of Indiana:

Page 49, line 10, insert before the period at the end the following: ''Recognizing that human and institutional capacity form the core of any health care system that can sustain the fight against HIV/AIDS, tuberculosis, and malaria, the plan shall include a strategy to encourage postsecondary educational institutions in host countries, particularly in Africa, in collaboration with United States postsecondary educational institutions, historically black colleges and universities, to develop such human and institutional capacity and in the process further build their capacity to sustain the fight against these diseases.''.

Page 104, line 21, before ''capacity'' insert ''human and institutional''.

Page 105, line 5, insert ''partnerships,'' after ''telecommunications services,''.

The CHAIRMAN. Pursuant to House Resolution 1065, the gentleman from Indiana (Mr. CARSON) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Indiana.

Mr. CARSON of Indiana. Madam Chairman, I rise today in support of H.R. 5501, the Tom Lantos and Henry Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 and to offer my amendment which I believe will enhance the base bill. I want to thank Chairman BERMAN and Ranking Member ROS-LEHTINEN for their hard work in bringing this legislation to the floor.

I find it of coincidence the timing of our consideration of this legislation for it is juxtaposed between two pivotal historical moments in time: The deaths of the renowned African American medical doctor, Dr. Charles Drew on April 1, 1950, and the celebrated human rights leader, Dr. Martin Luther King, Jr. on April 4, 1968.

Both Dr. Drew and Dr. King were products of the American educational system and particularly of historically black colleges and universities. Madam Chairman, I cannot think of any better way to explain the importance of this amendment and its use. The effort to address HIV/AIDS requires the best of human rights and of medical science.

My amendment is a simple amendment that would make changes to section 204 of H.R. 5501. The amendment directs the coordinator of the United States Government Activities to Combat HIV/AIDS Globally and the administrator of the United States Agency for International Development to expand their plan for strengthening health systems of host countries by allowing for African post secondary educational institutions to collaborate with United States post secondary educational institutions and specifically historically black colleges and universities to develop such human and institutional capacity.

The goal of my amendment is to allow our Nation's finest post secondary educational institutions to be directly involved in the training of health care workers that will enhance the effectiveness and efficacy of the efforts put forth in H.R. 5501.

Madam Chairman, I can think of no better way for the citizens of Indiana, the great Hoosier State, to contribute

in the fight against this pandemic than to train the best and brightest, and to commit to countries whose health care systems suffer woefully from the lack of trained health professionals. After all, who are we to block the opportunity to these children to be successful.

Madam Chairman, before I close, I want to acknowledge and salute the two men this piece of legislation is named after, Congressmen Tom Lantos and Henry Hyde. I didn't get a chance to work with them in this body, but I cannot think of a better way to honor their service in this great institution.

Finally, I want to thank the wonderful staff of the Foreign Relations Committee and the Rules Committee for helping me craft this amendment. Madam Chairman, I ask for support of my amendment.

Madam Chairman, I reserve the balance of my time.

Ms. ROS-LEHTINEN. Madam Chairman, I ask unanimous consent to claim the time in opposition to the amendment for purposes of debate.

The CHAIRMAN. Without objection, the gentlewoman from Florida is recognized for 5 minutes.

There was no objection.

Ms. ROS-LEHTINEN. Madam Chairman, first of all, I would like to thank Mr. CARSON for his well-reasoned and important amendment. We all had the honor of serving with his grandmother, Julia Carson, for many years in this body, and I know that Congresswoman Carson is looking down at her grandson and saying she is mighty proud. So thank you so much for your amendment, and thank you for carrying on in her great legacy by presenting wonderful topics and themes for us to discuss on the floor.

I fully support the Carson amendment because it focuses on building human and institutional capacity in PEPFAR host countries. It directs the global AIDS coordinator and the USAID administrator to expand their plan by strengthening health systems of host countries by encouraging post secondary educational institutions, particularly those in the African continent, to collaborate with the post secondary educational institutions here in the United States, including historically black colleges and universities in training health care workers.

As other provisions of this bill made clear, an important component of the fight against HIV/AIDS, tuberculosis, and malaria, is the strengthening of the educational capacity in host countries to train health care workers. The Carson amendment does exactly that. I congratulate him for it. He is a welcome addition to our Chamber.

I would like to yield to Ms. LEE of California who has been working on this issue for a long time, Madam Chairman.

Ms. LEE. I want to thank the gentlelady for yielding.

I rise today to support this amendment and to commend the gentleman from Indiana. I understand this is his first amendment, and it shows that he has hit the ground running. Today, I am reminded of our former colleague, his grandmother, our beloved Congresswoman Julia Carson. I know she is smiling today and is very proud of your efforts; thank you.

Historically black colleges and universities have trained some of our finest dedicated doctors, nurses and health care workers. These colleges and universities go way beyond the call of duty. They have a deep cultural and historical understanding and connection to the continent of Africa. They are attacking HIV/AIDS here on the homefront where HIV and AIDS is disproportionately affecting the African-American community. So by developing human and institutional capacity in Africa and in the Caribbean, we are bringing to bear, in a comprehensive manner, mechanisms to maximize our effectiveness in combating HIV and AIDS, malaria and tuberculosis.

So I want to salute and thank the gentleman from Indiana once again for his leadership and for helping to strengthen this bill.

Ms. ROS-LEHTINEN. Madam Chairman, I yield such time as he may consume to the gentleman from New Jersey (Mr. PAYNE).

Mr. PAYNE. Madam Chairman, I appreciate the gentlelady, the ranking member, yielding me this time, and I rise in strong support of the Carson amendment relating to the building of human capacity to fight HIV/AIDS through collaborations between U.S. colleges and universities and those in the developing world.

I, too, am very pleased to see this piece of legislation by Mr. CARSON. We all knew Julia Carson. She came to my district to deal with health disparities in my district in New Jersey, and traveled to Africa with me on a trip dealing with this problem. So this is very appropriate, and let me commend you again.

In May of 2007, Doctors Without Borders released a report that found that in southern Africa, a shortage of trained health care workers was the main barrier to increasing access to antiretroviral treatment.

The report found that in Mozambique, people had to wait up to 2 months to start ARVs because there were not enough doctors and nurses to manage it. In one health district in Lesotho, nearly half of the nursing posts were vacant. Malawi has only two doctors per 100,000 people. The minimum standard according to the WHO is 20 doctors per 100,000 people.

I am pleased to say that the bill under consideration seeks to address those problems. It calls on the United States to train 140,000 new health care workers and professionals so people can start on life-saving therapy.

University partnerships are a logical and effective means through which to support this goal. So I once again commend Mr. CARSON for his amendment, and urge my colleagues to support it.

Mr. CARSON of Indiana. Madam Chairman, I yield 1½ minutes to the gentleman from South Carolina (Mr. CLYBURN).

Mr. CLYBURN. Madam Chairman, I thank the gentleman for yielding me this time.

I rise in strong support of the amendment offered by Mr. CARSON. Congressman CARSON's amendment rightfully recognizes that the HIV/AIDS epidemic is proliferating at an alarming rate around the globe, particularly in Africa.

This amendment establishes a cooperative framework in which AIDS researchers in Africa can collaborate with American medical experts, including researchers at historically black colleges and universities, on the best ways to treat and prevent the spread of this devastating infectious disease.

I commend and thank the gentleman from Indiana for offering this worthwhile amendment. I encourage my colleagues to support this amendment and the underlying bill.

Mr. CARSON of Indiana. I want to thank the Members for listening and considering this amendment. I think it is a great opportunity for us.

Madam Chairman, I yield back the balance of my time.

The CHAIRMAN. The question is on the amendment offered by the gentleman from Indiana (Mr. CARSON).

The question was taken; and the Chairman announced that the ayes appeared to have it.

RECORDED VOTE

Mr. BERMAN. Madam Chairman, I demand a recorded vote.

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 415, noes 10, not voting 10, as follows:

[Roll No. 156]

AYES—415

Abercrombie	Boucher	Coble
Ackerman	Boustany	Cohen
Aderholt	Boyd (FL)	Cole (OK)
Akin	Boyda (KS)	Conaway
Alexander	Brady (PA)	Conyers
Allen	Brady (TX)	Cooper
Altmire	Braley (IA)	Costa
Andrews	Broun (GA)	Costello
Arcuri	Brown (SC)	Courtney
Baca	Brown, Corrine	Cramer
Bachmann	Brown-Waite, Ginny	Crenshaw
Bachus	Buchanan	Crowley
Baird	Burgess	Cuellar
Baldwin	Burton (IN)	Culberson
Barrett (SC)	Butterfield	Cummings
Barrow	Buyer	Davis (AL)
Bartlett (MD)	Calvert	Davis (CA)
Barton (TX)	Camp (MI)	Davis (IL)
Bean	Cantor	Davis (KY)
Becerra	Capito	Davis, David
Berkley	Capps	Davis, Lincoln
Berman	Capuano	Davis, Tom
Berry	Cardoza	Deal (GA)
Biggert	Carnahan	DeFazio
Bilbray	Carney	DeGette
Bilirakis	Carson	Delahunt
Bishop (GA)	Carter	DeLauro
Bishop (NY)	Castle	Dent
Blackburn	Castor	Diaz-Balart, L.
Blumenauer	Chabot	Diaz-Balart, M.
Blunt	Chandler	Dicks
Boehner	Christensen	Dingell
Bonner	Clarke	Doggett
Bono Mack	Clay	Donnelly
Boozman	Cleaver	Doolittle
Bordallo	Clyburn	Doyle
Boren		Drake

Dreier
Duncan
Edwards
Ehlers
Ellison
Ellsworth
Emanuel
Emerson
Engel
English (PA)
Eshoo
Etheridge
Everett
Fallin
Farr
Fattah
Feeney
Ferguson
Filner
Flake
Forbes
Fortenberry
Fortuño
Fossella
Foster
Foxx
Frank (MA)
Franks (AZ)
Frelinghuysen
Gallegly
Gerlach
Giffords
Gilchrest
Gillibrand
Gingrey
Gohmert
Gonzalez
Goodlatte
Gordon
Graves
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Hall (TX)
Hare
Harman
Hastings (FL)
Hastings (WA)
Hayes
Heller
Herger
Herseth Sandlin
Higgins
Hill
Hinchey
Hinojosa
Hirono
Hobson
Hodes
Hoekstra
Holden
Holt
Honda
Hooley
Hoyer
Hulshof
Hunter
Inglis (SC)
Inslee
Israel
Issa
Jackson (IL)
Jackson-Lee (TX)
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones (NC)
Jones (OH)
Kagen
Kanjorski
Kaptur
Keller
Kennedy
Kildee
Kilpatrick
Kind
King (IA)
King (NY)
Kingston
Kirk
Klein (FL)
Kline (MN)
Knollenberg
Kucinich
Kuhl (NY)
LaHood
Lamborn
Lampson
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Linder
Lipinski
LoBiondo
Loebsack
Lofgren, Zoe
Lowey
Lucas
Lungren, Daniel E.
Lynch
Mack
Mahoney (FL)
Maloney (NY)
Manzullo
Marchant
Markey
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul (TX)
McCollum (MN)
McCotter
McCrery
McDermott
McGovern
McHenry
McHugh
McIntyre
McKeon
McMorris Rodgers
McNerney
McNulty
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy, Patrick
Murphy, Tim
Murtha
Musgrave
Myrick
Nadler
Napolitano
Neal (MA)
Norton
Nunes
Oberstar
Obey
Olver
Ortiz
Pallone
Pascrell
Pastor
Paul
Payne
Pearce
Pence
Perlmutter
Peterson (MN)
Peterson (PA)
Petri
Pickering
Pitts
Platts
Pomeroy
Porter
Price (GA)
Price (NC)
Pryce (OH)
Putnam
Radanovich
Rahall
Ramstad
Rangel
Regula
Rehberg
Reichert
Renzi
Reyes
Reynolds
Richardson
Rodriguez
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Roskam
Ross
Rothman
Roybal-Allard
Royce
Ruppersberger
Ryan (OH)
Ryan (WI)
Salazar
Sali
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Saxton
Schakowsky
Schiff
Schmidt
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sestak
Shadegg
Shays
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Solis
Space
Spratt
Stark
Stearns
Stupak
Sullivan
Sutton
Tancredo
Tanner
Taylor
Terry
Thompson (CA)
Thompson (MS)
Thornberry
Tiahrt
Tiberi
Tierney
Towns
Tsongas
Turner
Udall (CO)
Udall (NM)
Upton
Van Hollen
Velázquez
Visclosky
Walberg
Walden (OR)
Walsh (NY)
Walz (MN)
Wamp
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch (VT)
Weldon (FL)
Weller
Wexler
Whitfield (KY)
Wilson (NM)
Wilson (OH)
Wilson (SC)
Wittman (VA)
Wolf
Woolsey
Wu
Wynn
Yarmuth
Young (AK)
Young (FL)

NOES—10

Campbell (CA)
Cannon
Garrett (NJ)
Goode
Hensarling
Jordan
Neugebauer
Poe
Sessions
Westmoreland

NOT VOTING—10

Bishop (UT)
Boswell
Cubin
Faleomavaega
Granger
Jefferson
Miller (FL)
Rush
Souder
Tauscher

□ 1521

Mr. WESTMORELAND changed his vote from ''aye'' to ''no.''

Mr. ADERHOLT and Mrs. BACHMANN changed their vote from ''no'' to ''aye.''

So the amendment was agreed to.

The result of the vote was announced as above recorded.

The CHAIRMAN. Under the rule, the Committee rises.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. ROSS) having assumed the chair, Ms. NORTON, Chairman of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the bill (H.R. 5501) to authorize appropriations for fiscal years 2009 through 2013 to provide assistance to foreign countries to combat HIV/AIDS, tuberculosis, and malaria, and for other purposes, pursuant to House Resolution 1065, she reported the bill back to the House with sundry amendments adopted by the Committee of the Whole.

The SPEAKER pro tempore. Under the rule, the previous question is ordered.

Is a separate vote demanded on any amendment reported from the Committee of the Whole? If not, the Chair will put them en gros.

The amendments were agreed to.

The SPEAKER pro tempore. The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

MOTION TO RECOMMIT OFFERED BY MR. RYAN OF WISCONSIN

Mr. RYAN of Wisconsin. Mr. Speaker, I have a motion to recommit at the desk.

The SPEAKER pro tempore. Is the gentleman opposed to the bill?

Mr. RYAN of Wisconsin. I am in its current form.

The SPEAKER pro tempore. The Clerk will report the motion to recommit.

The Clerk read as follows:

Mr. Ryan of Wisconsin moves to recommit the bill H.R. 5501 to the Committee on Foreign Affairs with instructions to report the same back to the House forthwith with the following amendments:

Page 96, line 10, strike ''$4,000,000,000'' and insert ''such sums as may be necessary''.

Page 97, line 1, strike ''$5,000,000,000'' and insert ''such sums as may be necessary''.

Page 116, line 8, strike ''$10,000,000,000'' and insert ''6,000,000,000''.

Page 122, after line 2, insert the following:

SEC. 405. SENSE OF CONGRESS.

(a) FINDINGS.—Congress finds the following:

(1) According to Congressional Budget Office estimates, $50 billion to carry out the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 would not be spent during the five-year authorization period, but instead would take 10 years or until 2018 to spend.

(2) Recent funding disbursement trends for the current program suggest that the current funding levels are outpacing the capacity of the countries and nongovernmental organizations to efficiently implement the program. Over the 2005–2006 funding period, assistance commitments grew $1.3 billion from $4.3 billion to $5.6 billion, while the actual disbursements of funds grew at a much slower rate of $400 million from $3.5 billion to $3.9 billion. As such, the current commitment exceeds disbursement by $1.7 billion, or 30 percent of the current commitment.

(3) Reports from recipient countries indicate the absorptive capacity for HIV/AIDS programs has become a constraint on actual expenditure of funds. For instance, a 2005 survey of World Bank Multi-Country AIDS Program (MAP) country directors in Africa found that nearly 40 percent of those countries believed that absorptive capacity ''remains limited and is the real issue; new financial resources will exacerbate this problem''.

(4) Additionally, a 2007 Center for Global Development report on HIV/AIDS programs in Mozambique, Uganda, and Zambia found that overburdened government staff at all levels, along with the limited absorptive capacity of sub-grantees, created major bottlenecks for funding disbursement.

(5) Advocates of increased HIV/AIDS funding appear to have based their recommendations for such funding at least in part on UNAIDS' estimates of a global price tag for addressing the HIV/AIDS epidemic. Such international estimates are flawed, however, because the primary source for such projections—the UNAIDS' ''Resource Needs Model'', or RNM—overestimates the resources needed, relies on a higher estimate of people living with HIV/AIDS, and includes support for countries that are also Global Fund donors. Specifically:

(A) The UNAIDS report titled ''Critical Review of Costing Models to Estimate Resource Needs to Address Global HIV and AIDS'' found that ''the [RNM] has a number of limitations'', each of which contributes to an overestimate of the resources needed to mount a successful response.

(B) Newer projections such as the 2007 ''Epidemic Update'' lowered the estimated number of people living with HIV/AIDS worldwide from 39.5 million to 33.2 million—a 16 percent reduction—yet UNAIDS has not publicly released a revised lower projection of resource needs.

(C) Projections in the RNM report include significant financing for middle-income countries such as China, Russia, and Brazil that are actually Global Fund donors themselves and should not require international assistance.

(b) SENSE OF CONGRESS.—In light of the findings contained in subsection (a), which indicate that even current levels of funding for HIV/AIDS programs cannot be disbursed in an efficient and effective manner, Congress should ensure that the amount of funding authorized by this Act to carry out the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 is consistent with the demonstrated absorptive capacity to carry out such programs around the world.

The SPEAKER pro tempore (during the reading). Without objection, the reading is dispensed with.

There was no objection.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Wisconsin is recognized for 5 minutes in support of his motion.

Mr. RYAN of Wisconsin. Mr. Speaker, I want to start off by complimenting the chairman of the committee and the ranking member of the committee, along with all the other members of the Foreign Affairs Committee for working in a bipartisan way to put together this compromise.

We heard a very good fulfilling debate about the merits of PEPFAR. I, too, agree that the PEPFAR program is a very worthwhile program. So we agree that this is the right thing to do.

The question is, should we more than double the authorization of this program? Now, the President's budget called for doing just that. And I think you can make a very good and compelling case that this program is so successful that it ought to be doubled. That's not what the underlying bill does. This underlying bill more than triples this program.

I have three concerns about this tripling of this program. Number 1, the spending levels set out in this authorization bill are higher than the recipient countries can even accept. They can't absorb all of this money. We know this from the studies in the field. So even if we hit these authorization levels, we know that the recipient countries cannot even accept all of this money. They can't spend it that fast.

Point Number 2, the Congressional Budget Office has told us that we couldn't even spend this money this fast. So why are we having this kind of an authorization level when our own Congressional Budget Office is telling us that it would take at least 10 years to spend down a $50 billion authorization?

And that brings me to my third point, and that is the budget resolution that passed the floor just 2½ weeks ago. The Democratic budget resolution itself assumes the $30 billion level. The Democratic budget resolution assumes we're funding this at the President's request of $30 billion. In fact, the Democratic budget resolution has a lower level of funding for section 150, the Foreign Affairs program, than even the President's budget does. We don't know what cut they're talking about, but more to the point, why don't we defend the budget resolution that passed this very house 2½ weeks ago?

Mr. Speaker, we support this program. I support this program. It's a good program. It has proven to work. By any metric, by any definition, it's impossible to deny the success of PEPFAR.

The question is, should we be tripling a program when we know full well it breaks the budget resolution, it purports to spend money faster than we can even spend, and those who are receiving this money can't receive it nearly as fast as we're proposing.

□ 1530

This recommit is not intended to kill this bill. This is a forthwith recommit. This recommit is very simple. It says, rather than funding it at $50 billion, let's fund it at $30 billion. That's the level called for on the Democratic budget resolution. That's the level called for in the President's budget. That's the level that independent experts have said can be justified. So this says go from 50 to 30 forthwith, that's all.

I want to compliment the gentleman, the chairman of the committee, the ranking member of the committee, all of those who worked in a bipartisan basis for this very worthwhile program, but this is a time when we have fiscal problems in America. We have a deficit. We have a looming debt. We need to show discipline in Congress. We should not be tripling funding for programs that we know the recipients themselves cannot receive at this pace and we know from our own independent budget experts that we simply can't spend at this pace.

Let's bring it back down to earth. Let's double it and keep it within reason. That is why we should pass this motion to recommit.

I yield back the balance of my time.

Mr. BERMAN. Mr. Speaker, I rise to oppose the motion to recommit.

The SPEAKER pro tempore. The gentleman from California is recognized for 5 minutes.

Mr. BERMAN. Thank you, Mr. Speaker.

First, I appreciate the compliments of my friend from Wisconsin. I prefer that the compliments be withheld and the motion to slash this bill by 40 percent be rejected, although I do appreciate the implication of his comments that a recommittal motion that is forthwith is not intended to kill the bill and that, therefore, the recommittal motions that are not forthwith are intended to kill the bills they are made to.

But getting to the merits of this. The purpose of my comments is directly to the other side. I know the easy vote, even for those who support this bill, is to vote both to cut some money and to support the minority on their motion to recommit.

But I would like to suggest that in this particular case, given what has transpired in terms of putting together this bipartisan bill, both on the merits of the motion to recommit and on the message it sends about how we can work on a bipartisan basis in the future, this motion is wrong and that Members on the other side should oppose it along with the Members on our side.

First, on the facts. The administration supports this bill and supports our number on this bill. To the extent they have concerns about what the level of appropriations may be in this year, their statement of administration position directly says, talk about the level of appropriation; don't cut the authorization.

Secondly, the U.N. HIV/AIDS commission, which I'm not a fan of a lot of different agencies that start with ''U.N.,'' but this one is the preeminent authority, talks about the incredible remaining need. And in the issue of absorptive capacity, this was the same argument made in 2003 against a $15 billion authorization for which the Republican Congress appropriated far more than the authorization because we were able to see an absorptive capacity, and we saved well over a million lives.

But here we are dealing with a situation where there are 35 million people worldwide that are still living with HIV/AIDS. This is a program that works. The combination of changing behavior, prevention, and treatment is saving lives. I don't like to throw the words ''moral imperative'' around. It's usually used for anything people feel passionately about. But talk about prolife, I can't think of any single program that I have been involved with where we are going to be more pro-life than in pushing this with programs that work, with the capacity that can be absorbed. No one is saying we are going to spend $50 billion in the next 5 years. We are going to obligate, based on the appropriation moneys, and those moneys will be spent probably over the course of 8 to 10 years. That's the way this appropriation process works, as everyone knows.

My final point is the ranking member and I, the White House directly, the President and his chief of staff were directly involved, the Republican leadership in this body, we put together a bipartisan bill. Part of the key negotiation was about the number. In return for that, a number of issues of importance to the minority were preserved in this bill: the preservation of the concept of behavior change through abstinence and faithfulness; the understanding that approved family planning programs would be the ones that were funded. A variety of different aspects. The belief in the use of faith-based institutions.

How are we, in the future, going to come together on bipartisan programs where the deal is made and then all of a sudden a key part of the quid pro quo, the other side says ''no'' to?

I would suggest, sure there are issues about what is our fiscal condition and what can we do, and the appropriations could be weighing these very carefully. But this was a fundamental agreement to maintain a bipartisan tradition on this legislation named after Henry Hyde and Tom Lantos, both of whom worked in that capacity.

I think this motion to recommit massively undercuts that whole bipartisan approach, and I would urge my colleagues to defeat it.

I would be happy to yield to the gentleman from New Jersey.

Mr. SMITH of New Jersey. I do rise in opposition to this motion to recommit with great respect to my friend from Wisconsin.

The SPEAKER pro tempore. All time for debate has expired.

Without objection, the previous question is ordered on the motion to recommit.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to recommit.

The question was taken; and the Speaker pro tempore announced that the noes appeared to have it.

Mr. RYAN of Wisconsin. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 9 of rule XX, the Chair will reduce to 5 minutes the minimum time for any electronic vote on the question of passage.

The vote was taken by electronic device, and there were—yeas 175, nays 248, not voting 7, as follows:

[Roll No. 157]

YEAS—175

Aderholt
Akin
Alexander
Altmire
Bachmann
Barrett (SC)
Bartlett (MD)
Barton (TX)
Biggert
Bilbray
Bilirakis
Bishop (UT)
Blunt
Boehner
Bonner
Bono Mack
Boozman
Boustany
Brady (TX)
Broun (GA)
Brown (SC)
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Buyer
Calvert
Camp (MI)
Campbell (CA)
Cannon
Cantor
Capito
Carter
Castle
Chabot
Coble
Cole (OK)
Conaway
Crenshaw
Davis (KY)
Davis, Tom
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Doolittle
Drake
Dreier
Ehlers
Everett
Fallin
Feeney
Flake
Forbes
Fossella
Foxx
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Gillibrand
Gingrey
Gohmert
Goode
Goodlatte
Graves
Hall (TX)
Hastings (WA)
Hayes
Heller
Hensarling
Herger
Hoekstra
Hulshof
Hunter
Inglis (SC)
Issa
Johnson (IL)
Johnson, Sam
Jones (NC)
Keller
King (IA)
Kingston
Kline (MN)
Knollenberg
Kuhl (NY)
LaHood
Lamborn
Lampson
Latham
LaTourette
Latta
Lewis (CA)
Lewis (KY)
Linder
LoBiondo
Lucas
Lungren, Daniel E.
Marchant
McCarthy (CA)
McCaul (TX)
McCotter
McCrery
McHenry
McHugh
McKeon
McMorris Rodgers
Mica
Miller (MI)
Miller, Gary
Moran (KS)
Murphy, Tim
Musgrave
Myrick
Neugebauer
Nunes
Paul
Pearce
Pence
Peterson (PA)
Petri
Pickering
Pitts
Platts
Poe
Porter
Price (GA)
Pryce (OH)
Putnam
Radanovich
Ramstad
Regula
Rehberg
Reichert
Renzi
Reynolds
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Roskam
Royce
Ryan (WI)
Sali
Saxton
Schmidt
Sensenbrenner
Sessions
Shadegg
Shimkus
Shuster
Simpson
Smith (NE)
Smith (TX)
Souder
Stearns
Sullivan
Taylor
Terry
Thornberry
Tiahrt
Tiberi
Turner
Upton
Walberg
Walden (OR)
Wamp
Weldon (FL)
Whitfield (KY)
Wilson (NM)
Wilson (SC)
Wittman (VA)
Wolf
Young (AK)
Young (FL)

NAYS—248

Abercrombie
Ackerman
Allen
Andrews
Arcuri
Baca
Bachus
Baird
Baldwin
Barrow
Bean
Becerra
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blackburn
Blumenauer
Boren
Boswell
Boucher
Boyd (FL)
Boyda (KS)
Brady (PA)
Braley (IA)
Brown, Corrine
Butterfield
Capps
Capuano
Cardoza
Carnahan
Carney
Carson
Castor
Chandler
Clarke
Clay
Cleaver
Clyburn
Cohen
Conyers
Cooper
Costa
Costello
Courtney
Cramer
Crowley
Cuellar
Cummings
Davis (AL)
Davis (CA)
Davis (IL)
Davis, David
Davis, Lincoln
Deal (GA)
DeFazio
DeGette
Delahunt
DeLauro
Dicks
Dingell
Doggett
Donnelly
Doyle
Duncan
Edwards
Ellison
Ellsworth
Emanuel
Emerson
Engel
English (PA)
Eshoo
Etheridge
Farr
Fattah
Ferguson
Filner
Fortenberry
Foster
Frank (MA)
Giffords
Gilchrest
Gonzalez
Gordon
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Hare
Harman
Hastings (FL)
Herseth Sandlin
Higgins
Hill
Hinchey
Hinojosa
Hirono
Hobson
Hodes
Holden
Holt
Honda
Hooley
Hoyer
Inslee
Israel
Jackson (IL)
Jackson-Lee (TX)
Johnson (GA)
Johnson, E. B.
Jones (OH)
Jordan
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick
Kind
King (NY)
Kirk
Klein (FL)
Kucinich
Langevin
Larsen (WA)
Larson (CT)
Lee
Levin
Lewis (GA)
Lipinski
Loebsack
Lofgren, Zoe
Lowey
Lynch
Mack
Mahoney (FL)
Maloney (NY)
Manzullo
Markey
Marshall
Matheson
Matsui
McCarthy (NY)
McCollum (MN)
McDermott
McGovern
McIntyre
McNerney
McNulty
Meek (FL)
Meeks (NY)
Melancon
Michaud
Miller (NC)
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy (CT)
Murphy, Patrick
Murtha
Nadler
Napolitano
Neal (MA)
Oberstar
Obey
Olver
Ortiz
Pallone
Pascrell
Pastor
Payne
Perlmutter
Peterson (MN)
Pomeroy
Price (NC)
Rahall
Rangel
Reyes
Richardson
Rodriguez
Ros-Lehtinen
Ross
Rothman
Roybal-Allard
Ruppersberger
Ryan (OH)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Shays
Shea-Porter
Sherman
Shuler
Sires
Skelton
Slaughter
Smith (NJ)
Smith (WA)
Snyder
Solis
Space
Spratt
Stark
Stupak
Sutton
Tancredo
Tanner
Thompson (CA)
Thompson (MS)
Tierney
Towns
Tsongas
Udall (CO)
Udall (NM)
Van Hollen
Velázquez
Visclosky
Walsh (NY)
Walz (MN)
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch (VT)
Weller
Westmoreland
Wexler
Wilson (OH)
Woolsey
Wu
Wynn
Yarmuth

NOT VOTING—7

Cubin
Culberson
Granger
Jefferson
Miller (FL)
Rush
Tauscher

□ 1555

Messrs. GILCHREST, DUNCAN, MACK, Mrs. CAPPS, Messrs. MANZULLO, MARSHALL, KANJORSKI, Ms. HARMAN, and Mr. PETERSON of Minnesota changed their vote from ''yea'' to ''nay.''

Mr. ALTMIRE changed his vote from ''nay'' to ''yea.''

So the motion to recommit was rejected.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The question is on the passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

RECORDED VOTE

Mr. BERMAN. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 308, noes 116, not voting 7, as follows:

[Roll No. 158]

AYES—308

Abercrombie
Ackerman
Aderholt
Allen
Altmire
Andrews
Arcuri
Baca
Bachus
Baird
Baldwin
Barrow
Bean
Becerra
Berkley
Berman
Berry
Biggert
Bilirakis
Bishop (GA)
Bishop (NY)
Blumenauer
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd (FL)
Boyda (KS)
Brady (PA)
Braley (IA)
Brown, Corrine
Butterfield
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Carson
Carter
Castle
Castor
Chabot
Chandler
Clarke
Clay
Cleaver
Clyburn
Cohen
Cole (OK)
Conyers
Cooper
Costa
Costello
Courtney
Cramer
Crowley
Cuellar
Cummings
Davis (AL)
Davis (CA)
Davis (IL)
Davis (KY)
Davis, Lincoln
Davis, Tom
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly
Doyle
Dreier
Edwards
Ehlers
Ellison
Ellsworth
Emanuel
Emerson
Engel
English (PA)
Eshoo
Etheridge
Farr
Fattah
Ferguson
Filner
Fortenberry
Fossella
Foster
Frank (MA)
Frelinghuysen
Gerlach
Giffords
Gilchrest
Gillibrand
Gonzalez
Gordon
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Hare
Harman
Hastings (FL)
Herseth Sandlin
Higgins
Hill
Hinchey
Hinojosa
Hirono
Hobson
Hodes
Holden
Holt
Honda
Hooley
Hoyer
Hulshof
Inglis (SC)
Inslee
Israel
Issa
Jackson (IL)
Jackson-Lee (TX)
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Jones (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick
Kind
King (NY)
Kirk
Klein (FL)
Kline (MN)
Knollenberg
Kucinich
Kuhl (NY)
LaHood
Lampson
Langevin
Larsen (WA)
Larson (CT)
Latham
Latta
Lee
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Lipinski
Loebsack
Lofgren, Zoe
Lowey
Lungren, Daniel E.
Lynch
Mahoney (FL)
Maloney (NY)
Markey
Marshall
Matheson
Matsui
McCarthy (NY)
McCollum (MN)
McCotter
McDermott
McGovern
McHugh
McIntyre
McNerney
McNulty
Meek (FL)
Meeks (NY)
Melancon
Michaud
Miller (NC)
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)

Murphy, Patrick	Ross	Thompson (CA)
Murphy, Tim	Rothman	Thompson (MS)
Murtha	Roybal-Allard	Thornberry
Nadler	Ruppersberger	Tiahrt
Napolitano	Ryan (OH)	Tierney
Neal (MA)	Salazar	Towns
Nunes	Sánchez, Linda T.	Tsongas
Oberstar		Turner
Obey	Sanchez, Loretta	Udall (CO)
Olver	Sarbanes	Udall (NM)
Ortiz	Schakowsky	Van Hollen
Pallone	Schiff	Velázquez
Pascrell	Schmidt	Visclosky
Pastor	Schwartz	Walberg
Payne	Scott (GA)	Walsh (NY)
Pelosi	Scott (VA)	Walz (MN)
Pence	Serrano	Wasserman Schultz
Perlmutter	Sestak	
Peterson (MN)	Shays	Waters
Pickering	Shea-Porter	Watson
Platts	Sherman	Watt
Pomeroy	Shimkus	Waxman
Porter	Shuler	Weiner
Price (NC)	Sires	Welch (VT)
Pryce (OH)	Skelton	Weller
Rahall	Slaughter	Wexler
Ramstad	Smith (NJ)	Wilson (NM)
Rangel	Smith (WA)	Wilson (OH)
Regula	Snyder	Wilson (SC)
Rehberg	Solis	Wolf
Reichert	Souder	Woolsey
Reyes	Space	Wu
Reynolds	Spratt	Wynn
Richardson	Stark	Yarmuth
Rodriguez	Stupak	Young (AK)
Rogers (AL)	Sutton	Young (FL)
Rogers (MI)	Tanner	
Ros-Lehtinen	Taylor	

NOES—116

Akin	Franks (AZ)	Musgrave
Alexander	Gallegly	Myrick
Bachmann	Garrett (NJ)	Neugebauer
Barrett (SC)	Gingrey	Paul
Bartlett (MD)	Gohmert	Pearce
Barton (TX)	Goode	Peterson (PA)
Bilbray	Goodlatte	Petri
Bishop (UT)	Graves	Pitts
Blackburn	Hall (TX)	Poe
Blunt	Hastings (WA)	Price (GA)
Boehner	Hayes	Putnam
Brady (TX)	Heller	Radanovich
Broun (GA)	Hensarling	Rogers (KY)
Brown (SC)	Herger	Rohrabacher
Brown-Waite, Ginny	Hoekstra	Roskam
	Hunter	Royce
Buchanan	Johnson, Sam	Ryan (WI)
Burgess	Jones (NC)	Sali
Burton (IN)	Jordan	Saxton
Buyer	Keller	Sensenbrenner
Calvert	King (IA)	Sessions
Camp (MI)	Kingston	Shadegg
Campbell (CA)	Lamborn	Shuster
Cannon	LaTourette	Simpson
Cantor	Linder	Smith (NE)
Coble	LoBiondo	Smith (TX)
Conaway	Lucas	Stearns
Crenshaw	Mack	Sullivan
Culberson	Manzullo	Tancredo
Davis, David	Marchant	Terry
Deal (GA)	McCarthy (CA)	Tiberi
Doolittle	McCaul (TX)	Upton
Drake	McCrery	Walden (OR)
Duncan	McHenry	Wamp
Everett	McKeon	Weldon (FL)
Fallin	McMorris Rodgers	Westmoreland
Feeney		Whitfield (KY)
Flake	Mica	Wittman (VA)
Forbes	Miller (MI)	
Foxx	Miller, Gary	

NOT VOTING—7

Cubin	Miller (FL)	Tauscher
Granger	Renzi	
Jefferson	Rush	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Less than 2 minutes remain.

□ 1603

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

AUTHORIZING THE CLERK TO MAKE CORRECTIONS IN ENGROSSMENT OF H.R. 5501, TOM LANTOS AND HENRY J. HYDE UNITED STATES GLOBAL LEADERSHIP AGAINST HIV/AIDS, TUBERCULOSIS, AND MALARIA REAUTHORIZATION ACT OF 2008

Mr. BERMAN. Mr. Speaker, I ask unanimous consent that the Clerk be authorized to make technical corrections in the engrossment of H.R. 5501, to include corrections in spelling, punctuation, section numbering and cross-referencing, and in the insertion of appropriate headings.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

REMOVAL OF NAME AS COSPONSOR OF H. RES. 865

Mr. BURTON of Indiana. Mr. Speaker, I ask unanimous consent to remove my name as a cosponsor of H. Res. 865.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Indiana?

There was no objection.

FIX FISA IMMEDIATELY

(Ms. GINNY BROWN-WAITE of Florida asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. GINNY BROWN-WAITE of Florida. Mr. Speaker, I rise today to express to the House the fear and uncertainty felt by the American people. For over a month, America has been vulnerable to terrorist attacks. Not only has the majority refused to call a vote on bipartisan legislation that would reauthorize the Foreign Intelligence Surveillance Act, they will not even let us debate this very crucial matter.

I have heard from hundreds of constituents regarding this matter, and they want the Senate bill. They are fearful and angry that Congress cannot accomplish one of its principal tasks, and that is protecting the security of this great Nation.

Just recently, there were reports that the majority said we were too busy to add FISA to the schedule of bills. Is Congress too busy to protect the citizens of this country? We are too busy to monitor the activity of terrorists who have launched attacks on innocent civilians, and are likely to do it again? There are few things more important than protecting our Nation from terrorist activity.

MARINE PATRICK DOWDELL OF BREEZY POINT

(Mr. WEINER asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. WEINER. Mr. Speaker, it is easy in the era where we look at the big numbers and the headlines in the newspaper to forget about the great acts of heroism that are going on right this very moment in Iraq and elsewhere in our world. I rise to bring to the attention of this body the heroism of Lieutenant Patrick Dowdell. He is serving with the 4th Infantry in Iraq as we speak. That is a division that has lost, unfortunately, over 135 heroic men and women. He is not the only hero in the family. His younger brother, James, recently began service in Ladder Company 174 in East Flatbush. I hope you will join with me and all of his neighbors in Breezy Point in expressing tribute to this family.

This family has one other chapter of heroism in its book. Lieutenant Kevin Dowdell, the father of both Patrick and James, was lost on September 11, a firefighter, in the World Trade Center. We join with this entire body and all of this country in commending Rose Ellen, their mother, and the acts of heroism that they are paying both here and in generations in the past. May God bless them, and God bless the United States of America.

TRIBUTE TO CONCORD HIGH SCHOOL GIRLS BASKETBALL TEAM

(Mr. HAYES asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. HAYES. Mr. Speaker, I rise today to acknowledge and pay tribute to the Concord High School girls basketball team for winning the North Carolina State Championship this year. Lady Spiders ended a 31 win and 2 loss season by defeating Beddingfield 77–62 on March 15, the first girls championship in the school history and the fourth State championship for the school in the last 5 years.

Concord's Nyshia Hammond was named Most Valuable Player, and T.T. Belcher won the Most Outstanding Player Award for the Spiders. Concord's coach and school Athletic Director, Angela Morton, was also named the 2008 Associated Press women's basketball Coach of the Year for North Carolina. Morton has coached the team for five seasons, during which she led them from a 0–24 season, to a State championship title.

The athletic program at Concord High is one of the great traditions that dates back even further than my years. The nickname, Spiders, came from the athletic field at the old high school, named after Principal and School Superintendent A.S. Webb. Concord's first title was won in 1929.

I am extremely proud of the hard work and dedication of these young women from my hometown. Congratulations, Coach of the Year, Angela Morton; Assistant Coaches, JarMark Parker and Samantha Bedford, and the Lady Spiders on your successful season and State championship victory.